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ADHS/DBHS FINANCIAL REPORTING GUIDE

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EXHIBIT A – CROSSWALK TO COVERED SERVICES GUIDE

ACRONYMS

I. ACRONYMS

ADHS	Arizona Department of Health Services
AHCCCS	Arizona Health Care Cost Containment System
AICPA	American Institute of Certified Public Accountants
A. R. S.	Arizona Revised Statutes
BFO	Bureau of Financial Operations /Division of Behavioral Health Services
CD	Certificate of Deposit
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CMHS	Center for Mental Health Services (Block Grant)
DBHS	Division of Behavioral Health Services, Arizona Department of Health Services
E-Statements	Electronic Financial Statement Formats
FASB	Financial Accounting Standards Board
FFCB	Federal Farm Credit Banks Funding
FFS	Fee-For-Service
FHLB	Federal Home Loan Banks
FHLMC	Federal Home Loan Mortgage Corporation
FNMA	Federal National Mortgage Association
GAAP	Generally Accepted Accounting Principles
GNMA	Governmental National Mortgage Association
GSA	Geographical Service Area
HB2003	House Bill 2003 as added by Laws 2000, Fifth Special Session, Chapter 2, §5

IBNR	Incurred But Not Reported (claim)
LOC	Letter of Credit
OFR	Office of Financial Review
OMB	Office of Management and Budget
PL	Public Law
RBHA	Regional Behavioral Health Authority (Contractor)
RBUC	Reported But Unpaid Claim
SA	Substance Abuse
SAPT	Substance Abuse Prevention and Treatment (Block Grant)
SFAS	FASB Statement of Financial Accounting Standards
SIG	State Infrastructure Grant
SMI	Seriously Mental Ill
SOP	AICPA - Statement of Position
TRBHA	Tribal Regional Behavioral Health Authority (Contractor)
T/RBHA	Refers to both Tribal and Regional Behavioral Health Authorities

OVERVIEW

II. OVERVIEW

The purpose of this reporting guide is to set the monthly, quarterly and annual financial reporting requirements for contracted T/RBHAs. The primary objectives of the reporting guide are to establish consistency and uniformity in financial reporting among the T/RBHAs and to provide guidelines to assist the T/RBHAs in meeting contractual reporting requirements. This reporting guide is neither intended to limit the scope of audit procedures to be performed during the T/RBHA's annual certified audit nor to replace the independent certified public accountants judgment as to the work to be performed. It is merely a supplement to the contract.

Financial statements must be prepared and presented on an accrual basis and in accordance with GAAP and all other applicable authoritative literature. If there are any inconsistencies between this reporting guide and any contract provision, the contract provision shall prevail. This guide is not intended nor should it be construed as an all-inclusive manual. The format and content of the required reports are subject to change. Questions regarding the content or format of a report are to be directed to the DBHS Chief Financial Officer (CFO).

FISCAL MONITORING AND FINANCIAL VIABILITY

III. FISCAL MONITORING AND FINANCIAL VIABILITY

A. CRITERIA FOR MONITORING FINANCIAL VIABILITY

The RBHA shall, on a monthly basis, meet certain financial viability criteria as outlined in this reporting guide. ADHS utilizes certain ratios and standards to assist in the monitoring of the RBHA's financial performance and viability. These ratios and standards will be used for evaluation purposes; however, they are not necessarily the only factors considered when evaluating RBHA financial viability. Should a RBHA fail to meet a ratio or standard, corrective action may be required and sanctions may be imposed. The financial ratios and standards are summarized in this reporting guide.

B. FINANCIAL RATIOS AND STANDARDS TABLE

Ratio	Description	Standard
<i>LIQUIDITY RATIOS</i>		
<i>Current Ratio:</i> $\frac{\text{Current Assets}}{\text{Current Liabilities}}$	Provides an indication of the organization's ability to pay its short-term liabilities.	≥ 1.0
<i>Defensive Interval:</i> $\frac{(\text{Cash} + \text{Cash Equivalents})}{((\text{Operating Expenses} - \text{Non Cash Expense Items})/[\text{Period Being Measured (days)}])}$	Measures the organization's ability to meet short-term obligations.	$\geq 30 \text{ DAYS}$
<i>PERFORMANCE RATIOS</i>		
$\frac{\text{Total Title XIX Administrative Expenses}}{\text{Total Title XIX Revenue}}$	Indicates the proportion of Title XIX administrative expenses to Title XIX revenue.	$\leq 7.5\%$
$\frac{\text{Total Title XXI Administrative Expenses}}{\text{Total Title XXI Revenue}}$	Indicates the proportion of Title XXI administrative expenses to Title XXI revenue.	$\leq 7.5\%$
$\frac{\text{Total Non-Title XIX/XXI Administrative Exp.}}{\text{Total Non-Title XIX/XXI Revenue}}$	Indicates the proportion of Non-Title XIX/XXI administrative expenses to Non-Title XIX/XXI revenue.	$\leq 7.5\%$
$\frac{\text{Total Title XIX Service Expenses}}{\text{Total Title XIX Revenue}}$	Indicates the proportion of Title XIX services expenses to Title XIX revenue.	No less than 88.5% and No more than 96.5%
$\frac{\text{Total Title XXI Service Expenses}}{\text{Total Title XXI Revenue}}$	Indicates the proportion of Title XXI services expenses to Title XXI revenue.	No less than 88.5% and No more than 96.5%
$\frac{\text{Total Non-Title XIX/XXI Service Expenses}}{\text{Total Non-Title XIX/XXI Revenue}}$	Indicates the proportion of Non-Title XIX/XXI services expenses to Non-Title XIX/XXI revenue.	No less than 88.5%
$\frac{\text{HB2003 Administrative and Net Profit}}{\text{Total HB2003 Revenue}}$	Indicates the proportion of HB2003 administrative and net profit to HB2003 Revenue.	$\leq 8.0\%$
<i>MINIMUM CAPITALIZATION AND PERFORMANCE BOND</i>		
Maintenance of Minimum Capitalization	GSA 1 through GSA 6 Net assets (not including the value of the Performance Bond) shall be greater than or equal to ninety percent (90%) of the monthly capitation and Non-Title XIX/XXI payment to the Contractor. This amount shall never fall below the initial minimum capitalization requirement for each GSA.	GSA 1 \$ 2,000,000 GSA 2 \$ 1,000,000 GSA 3 \$ 1,000,000 GSA 4 \$ 1,000,000 GSA 5 \$ 5,000,000 GSA 6 \$10,000,000
Performance Bond	According to general provisions of contract with ADHS.	As Established by ADHS
Equity per Enrolled Member	According to general provisions of contract with ADHS.	\$300/Enrolled Member

C. FINANCIAL STANDARDS

1. CURRENT RATIO

Current Assets divided by Current Liabilities shall be equal to or greater than 1:1.

2. DEFENSIVE INTERVAL

The Defensive Interval days shall be equal to or greater than 30 days.

3. ADMINISTRATIVE AND SERVICE EXPENSE PERCENTAGES

Each cost percentage shall be calculated separately by program for Title XIX, Title XXI and Non-Title XIX/XXI.

Service Expense Percentage Standard:

Title XIX and Title XXI	Between 88.5% and 96.5%
Non-Title XIX/XXI	No less than 88.5%

Above rates should be adjusted for effective tax rate

Administrative Expense Percentage Standard:

Title XIX and Title XXI	$\leq 7.5\%$
Non-Title XIX/XXI	$\leq 7.5\%$

HB2003 Percentage Standard:

Combined Administrative Expense and Profit	$\leq 8.0\%$
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4. MAINTENANCE OF MINIMUM CAPITALIZATION

Net Assets/Equity (not including the value of the Performance Bond) shall be maintained according to the general provisions of the contract with ADHS.

This amount should never fall below the initial minimum capitalization requirement for each GSA.

5. EQUITY PER ENROLLED MEMBER

The equity per enrolled member shall be greater than or equal to \$300 per enrolled member. This calculation shall be based on Net Assets (less Performance Bond) / the number of Title XIX and Title XXI enrolled members as of the first day of each month.

6. PERFORMANCE BOND

****See SECTION VIII PERFORMANCE BOND for more information and instructions.**

RBHAs are required to post a Performance Bond to guarantee (1) payment of RBHA obligations to providers, non-contracting providers, and non-providers, and (2) performance by the RBHA of obligations under their respective RBHA contracts. The Performance Bond amount is equal to 110% of the expected monthly payment or as determined by ADHS. The Performance Bond shall be adjusted when the total of monthly payments change by ten percent (+/-10%). The Performance Bond shall be of standard commercial scope issued by a surety company doing business in the State of Arizona, an irrevocable letter of credit, or a cash deposit. Performance Bonds shall be in a form acceptable to ADHS and shall be payable to ADHS. Upon notification, a RBHA shall make any changes to the amount required by ADHS' contract.

7. PROFIT/RISK CORRIDOR CALCULATIONS

Based on individual RBHA contracts, ADHS limits the service profit or loss on Title XIX and Title XXI programs and the service profit on Non-Title XIX/XXI programs. The RBHA shall record, and adjust monthly, as necessary, any excess profit or loss resulting from the profit/risk corridor calculations. ADHS requires that these entries be reflected in the program(s) where the profit or loss in excess of the threshold occurs. A separate analysis of the profit or loss for the Title XIX, Title XXI and Non-title XIX/XXI programs shall be performed on a monthly basis. According to A. R. S. 36-3410, excess children's service profit shall not be used to offset any service loss for adults.

Monthly, throughout the fiscal year the RBHA shall accrue a receivable/payable for any estimated excess loss/profit.

Prior period revenue adjustments, if applicable, must be recorded in the Profit/Risk Corridor Analysis and Profit Limit Analysis Reports for the appropriate program. Record the amount as an adjustment under the revenue section. Be sure to disclose the details on the bottom of the report.

After the RBHA's final audit is received, and no later than 12 months after the end of the fiscal year, any profits on service revenue in excess of the profit/risk corridor percent for Title XIX and Title XXI; and any excess profit above the profit limit percent as determined by the RBHA contract for Non-Title XIX/XXI, will be returned to ADHS. ADHS will reimburse to the RBHA for excess losses in Title XIX and Title XXI programs, subject to available funding.

Amounts earned for qualifying incentives will be excluded from the profit/risk corridor calculations.

8. ENCOUNTER REPORTING REQUIREMENTS

Accurate and timely encounter data shall be submitted to assist ADHS in evaluating each RBHA's performance and establishing capitation rates. For a complete list of service codes by provider type refer to the "ADHS/DBHS Covered Services Guide, Appendix B-2." Encounter valuation analysis shall be performed by ADHS four (4) months after each quarter-end and eight (8) months after the fiscal year-end.

ADHS shall, on a quarterly basis, retroactively calculate the Contract Year-to-Date (CYTD) value of encounters (based on dates of service) submitted by each RBHA. The calculation will be performed in order to measure completeness of encounter reporting. Encounter reporting may be considered complete when the RBHA's encounter values reported to ADHS reach the percentage levels specified in the table below as compared to the service (non-administrative) revenue (92.5% of total ADHS revenue) for each calendar quarter. Revenue not required by ADHS to be encountered will be excluded from the encounter withhold calculation. Prior period adjustments, if applicable, will be excluded from current period revenue as an adjustment. This includes any ADHS qualifying incentives earned by the RBHA per individual contracts.

ENCOUNTER REPORTING COMPLETION TABLE

	QTR 1 (Jul – Sep)	QTR 2 (Jul – Dec)	QTR 3 (Jul – Mar)	QTR 4 (Jul - Jun)
CYTD COMPLETION PERCENTAGES	70%	75%	80%	85%

The completion percentages in the table above were selected to account for utilization fluctuation among quarters, and to recognize encounter submission lags. The intent of which is to avoid an excessive delay in full payment when the RBHA and its subcontracted providers are clearly submitting encounters for services rendered.

For each quarter the RBHA encounter value does not equal or exceed the valuation standard specified above, ADHS may withhold from future payments to the RBHA; calculated as an amount equal to the lesser of the amount of the indicated encounter deficit or 2% of the value of service (non-administrative) revenue (92.5% of total ADHS revenue) for the period being evaluated.

If the RBHA is subject to a quarterly payment withhold, the encounter withhold will be evaluated each month thereafter. At the time the RBHA meets the required cumulative percentage, the RBHA will be eligible to receive any amounts previously withheld. ADHS shall disallow further consideration for repayment of any amount subject to being, or actually, withheld eight (8) months after the end of a contract year. For encounter withholds, 92.5% of the withhold amount shall be recorded in "Other ADHS Service Expenses" (Line 511) and 7.5% shall be recorded as administrative expense in "All Other Operating" (Line 607) under the program(s) applicable to the withhold.

For example: If ADHS evaluates the six month period that ended December 31, 2004 during May of 2005, the withhold (based on July-December 2004) amount would be applied against the June 2005 payment. If the RBHA meets the required cumulative percentage by the following monthly evaluation in August 2005, the withhold amount will be funded with the next payment.

In addition to the amounts withheld above, ADHS may sanction the RBHA and/or pass through any sanctions assessed by AHCCCS (To ADHS) when the RBHA fails to submit the following minimum percentage of encounters. The full amount of a sanction shall be classified as an administrative expense in "All Other Operating" (Line 607) according to the program(s) sanctioned. Refer to **Section IV. Reporting Issues, D. Sanctions** of this guide for more information.

MINIMUM PERCENTAGE OF ENCOUNTERS TABLE

	QTR 1 (Jul – Sep)	QTR 2 (Jul - Dec)	QTR 3 (Jul - Mar)	QTR 4 (Jul - Jun)
CYTD MINIMUM PERCENTAGES	35%	45%	55%	65%

ADHS shall make the above calculations, for this section, separately for Title XIX, Title XXI and Non-Title XIX/XXI programs.

9. OTHER REQUIREMENTS

In addition to any other remedy available to ADHS, if the contractor fails to meet any of the criteria in the reporting guide, ADHS may require the Contractor to submit an action plan for review and approval delineating how and when the Contractor will come into compliance with all criteria.

REPORTING ISSUES

IV. REPORTING ISSUES

A. GENERAL

Financial data shall be reported in the format prescribed by ADHS. Generally Accepted Accounting Principles (GAAP) should be observed in the preparation of each report. Examples and general guidelines for each report follow. Separate instructions and template formats will be provided by ADHS in Microsoft Excel format (E-Statements). All amounts are to be rounded and reported in whole dollars. An explanation of adjustments made for prior periods and adjustments to prior months in the current fiscal year are to be disclosed on "Schedule A Disclosures". Predefined classifications are to be utilized prior to reporting in the "Other" column or "Other" line item categories. Items included in the "Other" categories are to be itemized on a supporting schedule. If there are insufficient instructions for a specific category, the RBHA shall request instruction and direction from the DBHS Chief Financial Officer. A perceived lack of instruction is not sufficient grounds for failure to report accurately. ADHS provides required reporting formats to the RBHAs to provide consistent reporting among all Geographic Service Areas. It is the RBHA's responsibility to ensure that all reports submitted are accurate, complete and timely. Adherence to GAAP is the overriding responsibility of the RBHA. If there is a conflict between GAAP and these instructions, the RBHA is required to advise the DBHS Chief Financial Officer of such conflict.

The ADHS/DBHS Financial Reporting Guide, RBHA audited financial statements, quarterly Statement of Activities, Statement of Financial Position, Statement of Cash Flows and related Schedule A disclosures will be posted on ADHS/DBHS' web site. The address is <http://www.azdhs.gov>. ADHS will refer any other request for copies of financial statements or RBHA reporting guides directly to the RBHA. It is the RBHA's responsibility to provide copies of any financial reports or reporting guide copies and may charge the requesting entity a reasonable amount for providing those copies.

B. ADHS BLOCK GRANTS

The practices, procedures and standards specified in and required by the Accounting and Auditing Procedures Manual for Contractors of Arizona Department of Health Services Funded Programs and any Uniform Financial Reporting Requirements shall be used by the Contractor in the management, recording and reporting of Federal Block Grant funds.

The RBHA shall comply with all terms, conditions and requirements of the CMHS and SAPT Performance Partnership Block Grants. Financial, performance and program data subject to audit, shall be retained by the RBHA as documentation of compliance with federal requirements.

The RBHA shall establish fiscal controls to ensure that funds are accounted for in a manner that permits separate reporting of mental health and substance abuse grant funds and services. Funds paid to Contractors for a fiscal year shall be available for obligation and expenditures until the end of the fiscal year for which the funds were paid.

The RBHA shall, at the close of a fiscal year, defer all Federal Block Grant funds received but unexpended. The deferred revenue shall be recognized as earned in the first period of the following fiscal year. The recognized revenue shall be reported in the same program as ADHS originally remitted. Any revenue requiring deferral in the second year following its original remittance shall be returned to ADHS for reversion to the Authorizing Federal Agency.

RBHAs shall maintain all necessary financial, contractual, budget and program data to ensure appropriate expenditure of grant funds in conformance with PL 102-321, 42 USC 300x-21 et seq.

SAPT Block Grant

Category	Financial Guide Reporting Requirement
SA General Services	<p>Unless otherwise allowed for infrastructure development, NTXIX/XXI Substance Abuse General Services funds are subject to encounter withhold. RBHAs report expenditures for General Services as follows:</p> <ul style="list-style-type: none"> • NTXIX/XXI Substance Abuse column • By appropriate expenditure line (501-511)
Specialty Programs for Pregnant/Parenting Women	<p>Unless otherwise allowed for infrastructure development, NTXIX/XXI Substance Abuse General Services funds are subject to encounter withhold. RBHAs report expenditures for Specialty Programs for Pregnant/Parenting Women as follows:</p> <ul style="list-style-type: none"> • NTXIX/XXI Substance Abuse column • By appropriate expenditure line (501 – 511)
HIV/AIDS Early Intervention Services	<p>These funds are excluded from encounter withhold. RBHAs report expenditures for HIV/AIDS as follows:</p> <ul style="list-style-type: none"> • NTXIX/XXI Substance Abuse column • Line 504k (Block Purchase NTXIX/XXI Drop-In Center) • Line 509b (HIV)
Prevention	<p>These funds are excluded from encounter withhold. RBHAs report expenditures for prevention services as follows:</p> <ul style="list-style-type: none"> • Prevention/Intervention column • Line 509a (Prevention)

CMHS Block Grant

Category	Financial Guide Reporting Requirement
Children	NTXIX/XXI children flex funded services are subject to encounter withhold. RBHAs report expenditures for flex funded services as follows: <ul style="list-style-type: none">• NTXIX/XXI Child• Line 504i (Flex Fund Services)
Adults with SMI	NTXIX/XXI Adults with SMI diagnosis support services are subject to encounter withhold. RBHAs report expenditures for support services as follows: <ul style="list-style-type: none">• NTXIX/XXI SMI• By appropriate expenditure line (504a – k)

C. COST ALLOCATION PLAN

Each RBHA shall prepare an indirect cost allocation plan in conformance with appropriate federal regulations, including OMB Circular A-122 “Cost Principles of Non-Profit Organizations” and CFR Title 45 Part 95.501, Subpart E “Public Welfare and Human Services – Cost Allocation Plans” and CFR Title 48 Chapter 1, Part 31, Subpart 31.2 “Contracts with Commercial Organizations”. This plan shall be submitted to ADHS for approval at least 60 days prior to the start of the fiscal year. If there are no changes from the previously submitted plan, a letter to that effect is acceptable in lieu of a plan. Each plan shall be reviewed for compliance as an integral part of each RBHA’s annual certified audit. Any issues of non-compliance with federal guidelines must be included in the certified audit report. All instances of questioned costs or procedural deficiencies related to Indirect Cost Plans, as identified in the certified audit reports, will be investigated by ADHS, and are subject to repayment to ADHS.

D. SANCTIONS

ADHS has the right to impose sanctions or financial penalties on the T/RBHAs for failure to perform their contractual obligations. Failure of the contractor to provide accurate, complete, reliable, and timely financial reports may result in sanctions. Sanctions may be imposed if reports are not accurate, complete, or timely. It is the responsibility of the T/RBHA to comply with these requirements. Extensions may be granted, but must be requested in writing and addressed to DBHS, Chief Financial Officer. Requests must be received at least five (5) business days prior to ADHS’ filing date and must include the reason for the extension and the revised filing date. Requests for filing extensions will be reviewed and adjudicated on an ad hoc basis.

ADHS recognizes that interim financial statements are based on information available at the end of the reporting period, which may be incomplete. Revisions to a prior period will invalidate the previously submitted report. If material revisions are submitted after the ADHS due date, then sanctions may be imposed for untimely or inaccurate reporting. Revisions to the fourth quarter Statement of Financial Position Reconciliation and Restated Fourth Quarter Statement of Activities and Changes in Net Assets that are audit related should not be submitted. Those changes are to be included in the required annual audit schedules (Statement of Financial Position Reconciliation and Restated Fourth Quarter Statement of Activities and Changes in Net Assets).

In accordance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations”, sanctions should be recorded directly to the applicable program(s), if identifiable. If the program(s) cannot be readily identified, pro-rate the sanction using the percentage of total ADHS service expense for each program.

ADHS sanctions shall be classified as an administrative expense “All Other Operating” (Line 607) on the Statement of Activities.

E. PHARMACY REBATES

Amounts received shall be reported on the Statement of Activities line 510b “Pharmacy Rebates Received” and should be allocated to programs in conformance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations” and CFR Title 48 Chapter 1, Part 31, Subpart 31.2 “Contracts with Commercial Organizations”.

Related rebate expense should be reported on line 510c “Pharmacy Rebate Related Expense” and allocated to programs in conformance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations” and CFR Title 48 Chapter 1, Part 31, Subpart 31.2 “Contracts with Commercial Organizations”.

F. QUALIFYING INCENTIVE PAYMENTS

Based on each RBHA’s contract, qualifying incentive payments may be earned and should be allocated to programs and reported as ADHS Revenue – Qualifying Incentive Payments on line 401b of the Statement of Activities in the period earned or paid. Incentive payments will not be included in the profit/risk corridor calculation or the encounter withhold calculation.

G. HB2003

According to the ADHS Requirements For The Use of Funding Established by HB2003 RBHA Plan Specifications, the RBHA is limited to no more than 8% combined administration and profit for this funding. This will be measured from program inception until the time the program has concluded. In addition, ADHS reserves the right, at its sole discretion, to reduce, terminate or adjust payment under the contract including recovery of unexpended funds paid that were allocated or provided for behavioral health services pursuant to HB2003. HB2003 revenue and expenses shall be reported on a monthly basis on the Statement of Activities under the appropriate HB2003 Child or HB2003 SMI column and apportioned to the applicable line item. HB2003 reconciliations are due to ADHS 45 days after quarter-end. HB2003 expenses will not be included in the profit/risk corridor calculations or the encounter withhold calculation.

H. OTHER REQUIREMENTS

Related Party Transactions - RBHAs shall submit to ADHS the Financial Statements of Related Parties in which the RBHA conducts business transactions.

I. FINANCIAL REPORTING TIMELINE

Report due dates that fall on a weekend or State recognized holiday will be due the next business day. See **SECTION V. A-C** for timelines. All reports are due by 5:00 p.m. on the due date and are not considered received until a complete report is delivered to ADHS. Financial reports are considered timely when sent via network, U.S. mail or otherwise delivered to the following address:

ADHS/DBHS/BFO
Attention: Manager, Office of Financial Review
150 North 18th Avenue, Suite #270
Phoenix, Arizona 85007

PERIODIC REPORTING REQUIREMENTS

V. PERIODIC REPORTING REQUIREMENTS

A. MONTHLY FINANCIAL STATEMENTS

Monthly Financial Statements are *due to ADHS 30 days after month-end* and must include the following reports:

1. Statement of Financial Position
 - a. Schedule A Disclosures
2. Statement of Changes in Net Assets/Equity
3. Statement of Activities
 - a. Schedule A Disclosures
4. Statement of Cash Flows
 - a. Schedule A Disclosures
5. Profit/Risk Corridor Calculation Reports

B. QUARTERLY FINANCIAL STATEMENTS

Quarterly Financial Statements are *due to ADHS 30 days after quarter-end and 40 days after the 4th quarter-end* and must include the following reports: (No monthly financial statement is due for the quarter end months)

1. Statement of Financial Position
 - a. Schedules
2. Statement of Changes in Net Assets/Equity
3. Statement of Activities
 - a. Schedule A Disclosures
4. Statement of Cash Flows
 - a. Schedule A Disclosures
5. Profit/Risk Corridor Calculation Reports
6. LAG (IBNR) Report - Summary
 - a. LAG Report by Program
7. Financial Ratio Analysis Comparison Report

C. ANNUAL FINANCIAL STATEMENTS

1. DRAFT AUDIT REPORTS

Due to ADHS 75 days after year-end and must include the following reports:

- a. Statement of Financial Position
- b. Statement of Functional Expenses
- c. Supplemental Schedule of Title XIX, Title XXI and Non-Title XIX/XXI revenue and expenses, included as supplemental information under the auditor's report, all disclosures etc., and all applicable opinion letters.
- d. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. (Also applies to For-Profit Entities)
- e. Annual Supplemental Reports as outlined in **Section VI. P: Supplemental Reports to the Audited Financial Statements.**

2. FINAL AUDIT REPORTS

The final audit reporting package *is due to ADHS 100 days after the fiscal year-end* and includes the following:

- a. Annual Certification Statement signed by RBHA CFO
- b. Statement of Financial Position
- c. Statement of Functional Expenses
- d. Supplemental Schedule of Title XIX, Title XXI and Non-Title XIX/XXI revenue and expenses, included as supplemental information under the auditor's report, all disclosures etc., and all applicable opinion letters.
- e. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. (Also applies to For-Profit Entities)
- f. Annual Supplemental Reports as outlined in **Section VI. P: Supplemental Reports to the Audited Financial Statements.**

D. OTHER REQUIREMENTS

Related Party Transactions - Financial Statements are due 120 days after fiscal year end.

FINANCIAL REPORTING FORMATS AND INSTRUCTIONS

VI. FINANCIAL REPORTING FORMATS AND INSTRUCTIONS

The required monthly, quarterly and annual supplemental reports shall be submitted electronically (E-statements) in the Microsoft Excel format provided by ADHS to ensure consistent reporting for each GSA, with the exception of the Annual Certification Statement, in which a signed, hard copy must be delivered. Examples and instructions for these reports follow.

A. ANNUAL CERTIFICATION STATEMENT

Annual reports must contain a cover page and the Certification Statement, which is to be signed and dated by the Chief Financial Officer. Unsigned or unlabeled reports will not be accepted. The signature of the Chief Financial Officer is confirmation that the reports have been reviewed by the RBHA for accuracy and completeness. The certification statement must be an exact copy as the sample provided.

ANNUAL CERTIFICATION STATEMENT OF
(Entity Name)
FOR THE YEAR ENDED: _____

Name of Preparer: _____

Title: _____

Telephone Number: _____

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation with the reports may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested might result in denial of a request to participate, or where the entity already participates, a termination of a RBHA's agreement with the Arizona Department of Health Services.

Date

Chief Financial Officer

B. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position illustrates the financial position of the RBHA as of the reporting date. It is the primary source of information about the RBHA's liquidity and financial stability.

C. INSTRUCTIONS FOR THE STATEMENT OF FINANCIAL POSITION

LINE #	ACCOUNT	DESCRIPTION
101	Cash	Cash and cash equivalents available for use. Cash equivalents are investments maturing 90 days or less from the date of purchase.
102	Current Investments	Readily saleable investments maturing one year or less from the date of purchase and expected to be redeemed or sold within one year of the statement date.
103	Accounts Receivable (net)	Report Accounts Receivable net of allowance for doubtful accounts. Amount should include any amount receivable from ADHS. (Disclose on Schedule A)
104	Notes Receivable (current portion)	Principal amounts on notes receivable due to the RBHA within one year of the statement date.
105	Prepaid Expenses	All prepaid expenses.
106	Other Current Assets	All other current assets not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
107	Total Current Assets	Total of the above accounts.
108	Land	Land and Land improvements.
109	Building	Buildings, capital building leases, and improvements to buildings.
110	Leasehold Improvements	Capital improvements to facilities leased.
111	Furniture and Equipment	Office equipment, data processing hardware and software (where permitted), and furniture, as well as similar assets held under capital leases.
112	Vehicles	Vehicles owned or leased.
113	Total Property and Equipment	The total of lines 108 through 112.
114	Less: Accumulated Depreciation	The total of all depreciation and amortization accounts relating to the various asset accounts, as set forth above.
115	Net Property and Equipment	Line 113 minus line 114.
116	Notes Receivable (net of current portion)	Loans payable to the RBHA over a period exceeding one year from the statement date.
117	Performance Bond	Disclose on Schedule A the method by which the RBHA satisfied this requirement. Indicate whether or not the amounts are included in the financial statements and if over or under funded and reasons therefore.
118	Long Term Investments	Investments with a maturity date of more than one year from the statement date.
119	Deposits	Refundable deposits.
120	Other Non-Current Assets	All other non-current assets not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
121	Total Non-Current Assets	Total of Lines 116 through 120.
122	TOTAL ASSETS	Line 107 plus 121.
201	Incurred But Not Reported Claims	Methodology for IBNR calculation is described in the section pertaining to the IBNR Lag Report. (Disclose on Schedule A)
202	Reported But Unpaid Claims	Claims that have been reported but remain unpaid at the statement date.
203	Payable to ADHS	Accruals for profit in excess of the contract profit/risk corridor. (Disclose on Schedule A)

**C. STATEMENT OF FINANCIAL POSITION INSTRUCTIONS
(CONTINUED)**

LINE #	ACCOUNT	DESCRIPTION
204	Other Amounts Payable to Providers	Amounts owed to providers for block purchase, sub-capitation or other agreements.
205	Trade Accounts Payable	Amounts owed to creditors for the acquisition of goods and services.
206	Accrued Salaries and Benefits	Amounts owed to employees for wages and benefits earned but not paid.
207	Long-term Debt (current portion)	Principal amounts on loans, notes, and capital lease obligations due within one year of the statement date.
208	Deferred Revenue	Accruals for deferred revenue/unearned revenue, as prescribed by GAAP. (Disclose on Schedule A)
209	Risk Pool Payable	Amounts accrued for risk pools established by the RBHA.
210	Other Current Liabilities	All other current liabilities not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
211	Total Current Liabilities	Total of lines 201 through 210.
212	Long-term debt (net of current portion)	The long-term portion of principal on loans, notes, and capital lease obligations.
213	Loss Contingencies	Loss Contingency accruals, which are non-current in nature, as prescribed by GAAP. (Disclose on Schedule A)
214	Other Non-current Liabilities	All other non-current liabilities not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
215	Total Non-current Liabilities	Total of lines 212 through 214.
216	Total Liabilities	Line 211 plus line 215.
217	Net Assets/Equity	Line 122 – 216. (Disclose Restricted Net Assets on Schedule A).
218	TOTAL LIABILITIES AND NET ASSETS/EQUITY	Line 216 plus line 217.

STATEMENT OF FINANCIAL POSITION
AS OF:

ASSETS

CURRENT ASSETS

- 101 Cash (Disclose on Schedule A)
- 102 Current Investments
- 103 Accounts Receivable (net) (Disclose on Schedule A)
- 104 Notes Receivable (current portion)
- 105 Prepaid Expenses
- 106 Other Current Assets (Disclose on Schedule A)
- 107 Total Current Assets

NON-CURRENT ASSETS

- 108 Land
- 109 Building
- 110 Leasehold Improvements
- 111 Furniture and Equipment
- 112 Vehicles
- 113 Total Property and Equipment
- 114 **Less:** Accumulated Depreciation
- 115 Net Property and Equipment
- 116 Notes Receivable (net of current portion)
- 117 Performance Bond (Disclose on Schedule A)
- 118 Long Term Investments
- 119 Deposits
- 120 Other Non-current Assets (Disclose on Schedule A)
- 121 Total Non-current Assets

122 TOTAL ASSETS

LIABILITIES AND NET ASSETS/EQUITY

CURRENT LIABILITIES

- 201 Incurred But Not Reported Claims (Disclose on Schedule A)
- 202 Reported But Unpaid Claims
- 203 Payable to ADHS (Disclose on Schedule A)
- 204 Other Amounts Payable to Providers
- 205 Trade Accounts Payable
- 206 Accrued Salaries and Benefits
- 207 Long-term Debt (current portion)
- 208 Deferred Revenue (Disclose on Schedule A)
- 209 Risk Pool Payable
- 210 Other Current Liabilities (Disclose on Schedule A)
- 211 Total Current Liabilities

NON-CURRENT LIABILITIES

- 212 Long-term debt (net of current portion)
- 213 Loss Contingencies (Disclosed on Schedule A)
- 214 Other Non-current Liabilities (Disclose on Schedule A)
- 215 Total Non-current Liabilities

216 TOTAL LIABILITIES

217 NET ASSETS/EQUITY

- Unrestricted Net Assets
- Restricted Net Assets (Disclose on Schedule A)

218 TOTAL LIABILITIES AND NET ASSETS/EQUITY

STATEMENT OF FINANCIAL POSITION
AS OF:
Schedule A Disclosures

ASSETS:

Cash

Restricted

Unrestricted

Total Cash

Accounts Receivable

ADHS

Program ID	Category ID
Current Year	
Select Program	Identify Category
Prior Year	
Select Program	Identify Category

Non-ADHS &/or Unrelated Business

Current Year
Prior Year

Allowance for Doubtful Accounts

Total Accounts Receivable

Other Current Assets (Detail of Line 106)

Identify Current Assets

Total Other Current Assets

Other Non-Current Assets (Detail of Line 120)

Identify Other Non-Current Assets

Total Other Non-Current Assets

PERFORMANCE BOND:

List type of Security and Amount

Adjustments:

Disclose and describe any adjustments made to previously submitted financial statements, including those that affect the current period financial statements

Payable to ADHS – Other Category

Disclose items recorded as "Other" in the category for Payable to ADHS Section

Explain ≥10% fluctuation in account from prior period

Describe fluctuation in each account greater than 10%

LIABILITIES:

IBNR Claims Estimate

Current Year
Current Year IBNR
Prior Year (s)
Prior Year IBNR

Total IBNR

Payable to ADHS (Detail of Line 203)

Program ID	Category ID
Current Year	
Select Program	Select Category
Prior Year	
Select Program	Select Category

Total Payable - ADHS

Deferred Revenue from: (Detail of Line 208)

Program ID	Category ID
Current Year	
Select Program	Identify Category
Prior Year	
Select Program	Identify Category

Non-ADHS &/or Unrelated Business

Current Year
Select Program Identify Category
Prior Year
Select Program Identify Category

Total Deferred Revenue

Other Current Liabilities (Detail of Line 210)

Identify Other Current Liabilities

Total Other Current Liabilities

Loss Contingencies (Detail of Line 213)

Identify Loss Contingencies

Total Loss Contingencies

Other Non-Current Liabilities (Detail of Line 214)

Identify Other Non-current Liabilities

Total Other Non-Current Liabilities

Restricted Net Assets (Detail of Line 217)

Itemized Restricted Net Assets

Total Restricted Net Assets

D. STATEMENT OF CHANGES IN NET ASSETS/EQUITY

The Statement of Changes in Net Assets/Equity includes changes due to Title XIX, Title XXI and Non-Title XIX/XXI activities and reflects the current impact of revenue and expenses on the RBHA's financial position.

E. INSTRUCTIONS FOR THE STATEMENT OF CHANGES IN NET ASSETS/EQUITY

Beginning Balance	Prior Year's Ending Balance
<u>Net Surplus (Net of Dividends Declared)</u> Net Earning for the period ended	<u>YTD Inc (Dec) in Net Assets</u> Net Assets/Equity from Statement of Activities
Dividends Declared	Total Dividends Declared
Prior Period Adjustments	Total of Cumulative Adjustments from Prior Period
Ending Balance	<u>Total Ending Net Assets</u> Net Assets/Equity from Statement of Activities

RBHA**STATEMENT OF CHANGES IN NET ASSETS /EQUITY****AS OF : (Current Month)**

	Initial Capital	Additional Capital	Net Assets/ Retained Earnings	Total
Beginning Balance:	\$	\$	\$	\$
Increase/(Decrease) of Net Surplus / Net Earnings for the period ended: (Current Month)				
Less Dividends Declared				
**Prior Period Adjustments				
Ending Balance: (Current Month)	\$	\$	\$	\$

****Disclosure of Prior Period Adjustments**

F. STATEMENT OF ACTIVITIES

The Statement of Activities encompasses year-to-date revenue and expenses for Title XIX, Title XXI, and Non-Title XIX/XXI programs. All items are to be reported using the accrual method of accounting based on funding categories. The intent of the statement is to capture, on an accrual basis, the revenue of the RBHA and to match that revenue with related expenses by each funding program. Any expense allocations shall be made in a consistent manner and shall be in compliance with the cost allocation plans.

G. INSTRUCTIONS FOR THE STATEMENT OF ACTIVITIES

Revenue and expense shall be accrued according to GAAP. Revenue and expense shall be reported under the applicable funding program column in the line indicated in these instructions.

Revenue is to be calculated and accrued as follows:

- a. Title XIX and Title XXI - as paid per capitation payment
- b. Non-Title XIX/XXI - as per ADHS allocation schedules.
- c. Other sources - as accrued, according to GAAP.
- d. Record revenue earned for prior year qualifying incentive payments in the Program/Admin/Mgmt/Gen Column.

Service expenses are to be calculated as part of the IBNR calculation and allocated on a consistent basis in accordance with GAAP within each funding program; see **Section VI. L, M: Lag Report.**

Service expenses should be allocated to service line items and to each funding program based on service utilization/encounter data. Any other reasonable and consistent method used to allocate expense should be disclosed in Schedule A of the Statement of Activities.

Administrative expenses are to be reported in accordance with contractual requirements.

All expenses shall be reported in conformance with the RBHA's cost allocation plan; see **Section IV. C: Cost Allocation Plan.**

All non-ADHS revenue and expense shall be reported and disclosed separately.

Line item instructions are on the following page.

LINE ITEM INSTRUCTIONS FOR THE STATEMENT OF ACTIVITIES

LINE	ACCOUNT	DESCRIPTION
Revenue:		Revenue
401	Revenue Under ADHS Contract	Revenue Under ADHS Contract
a	ADHS Revenue	Accrued Revenue for Title XIX, Title XXI, and Non-Title XIX/XXI
b	ADHS Revenue - Qualifying Incentive Payments	Earned revenue for qualifying incentives from ADHS should be allocated to programs in the period earned or paid as determined.
402	Specialty & Other Grants	Other Revenue earned from specialty grants not passed through ADHS, allocate to programs (Disclose on Schedule A)
403	Client Fees (Co-pays)	Co-payments billed for client services
404	Third Part Recoveries	Third-party liability insurance recovered from third party insurances as described in the ADHS/DBHS Provider Manual section 3.5.4.
a	Medicare	Medicare eligible client amounts due from Medicare.
b	Other Insurance	Any other third party Insurer liable for claim payment.
405	Interest Income	Interest income earned on performance bond or other investments should be reported in the Management & General Column
406	Other Funding Sources - Non ADHS	Any other behavioral health funding source that is not received from ADHS, allocate to programs (Disclose on Schedule A)
407	Unrelated Business Activities	Any other business activity not related to providing behavioral health services. (Disclose on Schedule A)
408	TOTAL REVENUE	Sum of line 401 through line 407
Service Expenses:		Service Expenses
501	Treatment Services	Treatment Services
a	Counseling	Counseling
1	Counseling, Individual	Refer to Exhibit A Crosswalk to Covered Services Guide
2	Counseling, Family	Refer to Exhibit A Crosswalk to Covered Services Guide
3	Counseling, Group	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Consultation, Assessment & Specialized Testing	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Other Professional	Refer to Exhibit A Crosswalk to Covered Services Guide
d	<i>Total Treatment Services</i>	The total of lines 501 a through c
502	Rehabilitation Services	Rehabilitation Services
a	Living Skills Training	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Cognitive Rehabilitation	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Health Promotion	Refer to Exhibit A Crosswalk to Covered Services Guide
d	Supported Employment Services	Refer to Exhibit A Crosswalk to Covered Services Guide
e	<i>Total Rehabilitation Services</i>	The total of lines 502 a through d
503	Medical Services	Medical Services
a	Medication Services	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Medical Management	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Laboratory, Radiology & Medical Imaging	Refer to Exhibit A Crosswalk to Covered Services Guide
d	Electro-Convulsive Therapy	Refer to Exhibit A Crosswalk to Covered Services Guide
e	<i>Total Medical Services</i>	The total of lines 503 a through d
504	Support Services	Support Services
a	Case Management	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Personal Assistance	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Family Support	Refer to Exhibit A Crosswalk to Covered Services Guide
d	Peer Support	Refer to Exhibit A Crosswalk to Covered Services Guide
e	Therapeutic Foster Care Services	Refer to Exhibit A Crosswalk to Covered Services Guide
f	Respite Care	Refer to Exhibit A Crosswalk to Covered Services Guide
g	Housing Support	Refer to Exhibit A Crosswalk to Covered Services Guide
h	Interpreter Services	Refer to Exhibit A Crosswalk to Covered Services Guide

LINE	ACCOUNT	DESCRIPTION
I	Flex Fund Services	Refer to Exhibit A Crosswalk to Covered Services Guide
j	Transportation	Refer to Exhibit A Crosswalk to Covered Services Guide
k	Block Purchase NTXIX/XXI Consumer Drop In Center	Block Purchase NTXIX/XXI Consumer Drop In Center
l	<i>Total Support Services</i>	The total of lines 504 a through k
505	Crisis Intervention Services	Crisis Intervention Services
a	Crisis Intervention - Mobile	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Crisis Services	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Crisis Phones	Crisis service phone expense
d	<i>Total Crisis Intervention Services</i>	The total of lines 505 a through c
506	Inpatient Services	Inpatient Services
a	Hospital	Hospital
1	Psychiatric (Provider Types 02 & 71)	Refer to Exhibit A Crosswalk to Covered Services Guide
2	Detoxification (Provider Types 02 & 71)	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Sub-acute Facility	Sub-acute Facility
1	Psychiatric (Provider Types B5 & B6)	Refer to Exhibit A Crosswalk to Covered Services Guide
2	Detoxification (Provider Types B5 & B6)	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Residential Treatment Center (RTC)	Residential Treatment Center (RTC)
1	Psychiatric - Secure & Non-Secure Provider Types (78, B1, B2, B3)	Refer to Exhibit A Crosswalk to Covered Services Guide
2	Detoxification - Secure & Non-Secure Provider Types (78, B1, B2, B3)	Refer to Exhibit A Crosswalk to Covered Services Guide
d	Inpatient Services, Professional	Refer to Exhibit A Crosswalk to Covered Services Guide
e	<i>Total Inpatient Services</i>	The total of lines 506 a through d
507	Residential Services	Residential Services
a	Level II Behavioral Health Residential Facilities	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Level III Behavioral Health Residential Facilities	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Room and Board	Refer to Exhibit A Crosswalk to Covered Services Guide
d	<i>Total Residential Services</i>	The total of lines 507 a through c
508	Behavioral Health Day Program	Behavioral Health Day Program
a	Supervised Day Program	Refer to Exhibit A Crosswalk to Covered Services Guide
b	Therapeutic Day Program	Refer to Exhibit A Crosswalk to Covered Services Guide
c	Medical Day Program	Refer to Exhibit A Crosswalk to Covered Services Guide
d	<i>Total Behavioral Health Day Program</i>	The total of lines 508 a through c
509	Prevention Services	Prevention Services
a	Prevention	Non-Title XIX /XXI Prevention Services
b	HIV	Non-Title XIX/XXI HIV Prevention
c	<i>Total Prevention Services</i>	The total of lines 509 a through b
510	Medication	Medication
a	Medication Expense	Medication expense
b	Pharmacy Rebate Received	Rebate Received, allocated by program
c	Pharmacy Rebate Related Expense	Rebate related expense, allocate by program
d	<i>Total Medication</i>	The total of lines 510 a through c
511	Other ADHS Service Expenses Not Reported Above	Other ADHS service expenses that are not indicated above. (Disclose on Schedule A)
512	ADHS/DOC COOL	Department of Corrections, CTS position, COOL liaison positions and aftercare services.
513	Subtotal ADHS Service Expenses	The total of lines 501 through 512
520	Service Expenses from Non ADHS Sources	Service expense not related to ADHS revenue; allocate to programs (Disclose on Schedule A)
525	Total Service Expense	The total of line 513 and 520
Administrative Expenses:		Administrative Expenses
601	Salaries	Accrued salary expense
602	Employee Benefits	Accrued employee benefit expense
603	Professional & Outside Services	Professional and outside services expense
604	Travel	Travel expense

LINE	ACCOUNT	DESCRIPTION
605	Occupancy	Building rent or other occupancy expense
606	Depreciation	Depreciation and amortization expense of building, leasehold improvements, furniture, and equipment
607	All Other Operating	Other administrative expense not classified above. (Disclose on Schedule A)
608	Subtotal ADHS Administrative Expenses	The total of lines 601 through 607
650	Non ADHS Administrative Expenses	Administrative expense related to non-ADHS revenue. (Disclose on Schedule A)
651	Unrelated Admin. Expense	Administrative expense for unrelated business activities. (Disclose on Schedule A)
652	Sub-total Administrative Expense	The total of lines 608 through line 651
701	Unrelated Business Expenses	Any other business expense for activities not related to providing behavioral health services. (Disclose on Schedule A)
790	Income Tax Provisions	For-profit entity income tax expense
	a ADHS Income Tax Provision	Income tax expense related to net gain from ADHS operations
	b Non ADHS Income Tax Provision	Income tax expense related to net gain from non-ADHS operations
799	Subtotal Income Tax Provision	Line 790a plus 790b
800	TOTAL EXPENSES	Line 525 plus line 608 plus line 652 plus line 701 plus line 799
801	INC/(DEC) IN NET ASSETS/EQUITY	Line 408 minus line 800

1. STATEMENT OF ACTIVITIES

STATEMENT OF ACTIVITIES

YEAR TO DATE AS OF:

		<u>TXIX CHILD</u>	<u>TXIX CMDP</u>	<u>TXIX DD CHILD</u>	<u>NTXIX/ XXI CHILD</u>	<u>TXXI CHILD</u>	<u>HB2003 CHILD</u>	<u>TXIX SMI</u>	<u>TXIX DD Adult</u>	<u>NTXIX/ XXI SMI</u>	<u>HIFA II SMI</u>	<u>TXXI ADULT</u>
REVENUE												
401	Revenue Under ADHS Contract											
a	ADHS Revenue											
b	ADHS Revenue – Qualifying Incentive Payments											
402	Specialty & Other Grants*											
403	Client Fees (Co-pays)											
404	Third Part Recoveries											
a	Medicare											
b	Other Insurance											
405	Interest Income											
406	Other Funding Sources - Non ADHS*											
407	Unrelated Business Activities*											
408	TOTAL REVENUE											
EXPENSES												
Service Expenses:												
501	Treatment Services											
a	Counseling											
1	Counseling, Individual											
2	Counseling, Family											
3	Counseling, Group											
b	Consultation, Assessment & Specialized Testing											
c	Other Professional											
d	<i>Total Treatment Services</i>											
502	Rehabilitation Services											
a	Living Skills Training											
b	Cognitive Rehabilitation											
c	Health Promotion											
d	Supported Employment Services											
e	<i>Total Rehabilitation Services</i>											
503	Medical Services											
a	Medication Services											
b	Medical Management											
c	Laboratory, Radiology & Medical Imaging											
d	Electro-Convulsive Therapy											
e	<i>Total Medical Services</i>											
504	Support Services											
a	Case Management											
b	Personal Assistance											
c	Family Support											
d	Peer Support											
e	Therapeutic Foster Care Services											
f	Respite Care											
g	Housing Support											
h	Interpreter Services											
ii	Flex Fund Services											
j	Transportation											
k	Block Purchases NTXIX/XXI Consumer Drop In Center											
l	<i>Total Support Services</i>											
505	Crisis Intervention Services											
a	Crisis Intervention Mobile											
b	Crisis Services											
c	Crisis Phones											
d	<i>Total Crisis Intervention Services</i>											
506	Inpatient Services											
a	Hospital											
1	Psychiatric (Provider Types 02 & 71)											
2	Detoxification (Provider Types 02 & 71)											
b	Sub-acute Facility											
1	Psychiatric (Provider Types B5 & B6)											
2	Detoxification (Provider Types B5 & B6)											
c	Residential Treatment Center (RTC)											
1	Psychiatric – Secure & Non-secure (Provider Types 78,B1,B2,B3)											
2	Detoxification – Secure & Non- Secure (Provider Types 78,B1,B2,B3)											
d	Inpatient Services, Professional											
e	<i>Total Inpatient Services</i>											
507	Residential Services											
a	Level II Behavioral Health Residential Facilities											
b	Level III Behavioral Health Residential Facilities											
c	Room and Board											
d	<i>Total Residential Services</i>											
508	Behavioral Health Day Program											
a	Supervised Day Program											
b	Therapeutic Day Program											
c	Medical Day Program											
d	<i>Total Behavioral Health Day Program</i>											
509	Prevention Services											
a	Prevention											
b	HIV											
c	<i>Total Prevention Services</i>											
510	Medication											
a	Medication Expense											
b	Pharmacy Rebate Received											
c	Pharmacy Rebate Related Expense											
d	Total Medication Expense											
511	OtherADHS Service Expenses Not Rpt'd Above*											
512	ADHS/DOC COOL											
513	Subtotal ADHS Service Expenses											
520	Service Expenses from Non ADHS Sources*											
525	Total Service Expense											
Administrative Expenses:												
601	Salaries											
602	Employee Benefits											
603	Professional & Outside Services											
604	Travel											
605	Occupancy											
606	Depreciation											
607	All Other Operating*											
608	Subtotal ADHS Administrative Expenses											
650	Non ADHS Administrative Expenses*											
651	Unrelated Admin. Expense*											
652	Subtotal Administrative Expense											
701	Unrelated Business Expenses*											
790	Income Tax Provision											
a	ADHS Income Tax Provision											
b	Non ADHS Income Tax Provision											
799	Subtotal Income Tax Provision											
800	TOTAL EXPENSES											
801	INC/(DEC) IN NET ASSETS/EQUITY											

*Disclose on Schedule A

HB2003	TXIX	HIFA II	MENTAL	SUB	PREVENTION		ADHS		SUB	PROGRAM	
<u>SMI</u>	<u>GMHSA</u>	<u>GMH</u>	<u>HEALTH</u>	<u>ABUSE</u>	<u>INTERVENTION</u>	PASRR	<u>DOC</u>	<u>OTHER</u>	<u>TOTAL</u>	<u>ADMIN &</u>	<u>TOTAL</u>
										<u>MGMT/GEN</u>	

2. SCHEDULE A DISCLOSURE

RBHA
STATEMENT OF ACTIVITIES
SCHEDULE A DISCLOSURE
YEAR TO DATE AS OF:

	<u>TXIX CHILD</u>	<u>TXIX CMDP</u>	<u>TXIX DD CHILD</u>	<u>NTXIX/ XXI CHILD</u>	<u>TXXI CHILD</u>	<u>HB2003 CHILD</u>	<u>TXIX SMI</u>	<u>TXIX DD Adult</u>	<u>NTXIX/ XXI SMI</u>	<u>HIFA II SMI</u>	<u>TXXI ADULT</u>
DISCLOSURE OF OTHER ADHS REVENUE Itemization of Items Reported In Other Column											
Total Other – Other Column											
DISCLOSURE OF OTHER GRANTS REPORTED ON LINE 402											
Total Other Grants											
DISCLOSURE OF OTHER REVENUE REPORTED ON LINE 406 Itemization of Items Reported on Line 406											
Total Other Revenue											
UNRELATED BUSINESS ACTIVITIES REPORTED ON LINE 407 Itemization of Items Reported on Line 407											
Total Unrelated Business Activities											
DISCLOSURE OF ALL OTHER BEHAVIORAL HEALTH SERVICES ON LINE 511 Itemization of Items Reported on Line 511											
Total All Other Behavioral Health Services											
DISCLOSURE OF SERVICE EXPENSES FROM NON ADHS SOURCES ON LINE 520 Itemization of Items Reported on Line 520											
Total Service Expense Non-ADHS Sources											
DISCLOSURE OF ALL OTHER OPERATING ON LINE 607 Itemization of Items Reported on Line 607											
Total All Other Operating											
DISCLOSURE OF NON-ADHS ADMINISTRATIVE EXPENSE ON LINE 650 Itemization of Items Reported on Line 650											
Total Non-ADHS Admin. Expense											
DISCLOSURE OF UNRELATED ADMINISTRATIVE EXPENSES ON LINE 651 Itemization of Items Reported on Line 651											
Total Unrelated Administrative Expenses											
DISCLOSURE OF UNRELATED BUSINESS EXPENSES ON LINE 701 Itemization of Items Reported on Line 701											
Total Unrelated Business Expenses											
<u>ADJUSTMENTS</u> (Disclose and describe any adjustments to previously submitted financial statements including those that affect the current financial statements.)											

Analysis

(Compare prior quarter activity to current quarter activity for each
column [program] and each row [major category] of service.)

HB2003	TXIX	HIFA II	MENTAL	SUB	PREVENTION		ADHS		SUB	PROGRAM	
<u>SMI</u>	<u>GMHSA</u>	<u>GMH</u>	<u>HEALTH</u>	<u>ABUSE</u>	<u>INTERVENTION</u>	<u>PASRR</u>	<u>DOC</u>	<u>OTHER</u>	<u>TOTAL</u>	<u>ADMIN/</u>	<u>TOTAL</u>
										<u>MGMT/ GEN</u>	

H. STATEMENT OF CASH FLOWS

The primary purpose of the Statement of Cash Flows is to provide information about an entity's cash inflows and cash outflows during an accounting period. Cash flows are classified in terms of operating, investing and financing activities. Significant non-cash investing and financing activities not affecting cash must also be disclosed in the Statement of Cash Flows. The indirect method is used for financial reporting. For further guidance, the RBHA should refer to SFAS 117.

I. INSTRUCTIONS FOR THE STATEMENT OF CASH FLOWS

Segment Description	Instructions (Indirect Method)
<u>CASH FLOWS FROM OPERATING ACTIVITIES:</u> Changes in Net Assets/Equity Adjustments to Reconcile Excess of Revenue Over/(Under) Expenses to Net Cash Provided (used) by Operating Activities: Depreciation and Amortization Changes in Operating Assets and Liabilities: (Increases)/Decreases in Assets: Current Investments Receivables Interest Receivable Inventory and Prepaid Expenses Deposits Other Increases/(Decreases) in Liabilities: IBNR RUC Accounts Payable to ADHS Accounts Payable to Providers Interest Payable Trade Accounts Payable Accrued Salaries and Benefits Other Current Liabilities NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	Begin with the Revenue Over/(Under) Expenses for the period, as reported on the Statement of Activities. Each Statement of Financial Position account should be analyzed to calculate any difference in accounts from the prior period. The effects of all deferrals of prior operating cash receipts and payments, accruals of expected future operating cash receipts and payments pertaining to the entity's operating activities should be reported, each as a line item, in this segment of the statement.
<u>CASH FLOWS FROM INVESTING ACTIVITIES:</u> Proceeds from Sale of Property and Equipment Purchase of Property and Equipment (Describe on Schedule A) Proceeds from Sales of Investments Purchase of Investments NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	Cash flows from investing activities include the results of analyses of the Statement of Financial Position accounts pertaining to the entity's investing activities. Purchases and sales of investments, furniture, equipment, and other related assets are reflected in this segment of the statement.
<u>CASH FLOWS FROM FINANCING ACTIVITIES:</u> Acquisition of Debt (Describe on Schedule A) Payment of Lease Obligations Payment of Other Debts (Describe on Schedule A) NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	Cash flows from financing activities include the results of analyses of Statement of Financial Position accounts pertaining to financing activities, such as acquisition and repayment of debts, long-term leases, etc.
NET INCREASE/(DECREASE) IN CASH	This is the net increase/decrease in cash during the period.
BEGINNING CASH	The cash balance at the beginning of the period.
ENDING CASH BALANCE** **Must agree with Cash Balance reported on the Balance Sheet	The sum of net increase/decrease and beginning cash balance.

STATEMENT OF CASH FLOWS
YEAR TO DATE FOR PERIOD ENDED:

CASH FLOWS FROM OPERATING ACTIVITIES:

Changes in Net Assets/Equity
Adjustments to Reconcile Excess of Revenue Over/(Under) Expenses
to Net Cash Provided (Used) by Operating Activities:

Depreciation and Amortization
Changes in Operating Assets and Liabilities

(Increases)/Decreases in Assets:

Current Investments
Receivables
Inventory & Prepaid Expenses
Interest Receivable
Deposits
Other

Increases/(Decreases) in Liabilities:

IBNR
RBUC
Accounts Payable to ADHS
Accounts Payable to Providers
Interest Payable
Trade Accounts Payable
Accrued Salaries & Benefits
Other Current Liabilities

NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES

CASH FLOWS FROM INVESTING ACTIVITIES

Proceeds from Sale of Property & Equipment
Purchase of Property & Equipment (Describe on Schedule A)
Proceeds from Sales of Investments
Purchase of Investments

NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES

CASH FLOWS FROM FINANCING ACTIVITIES:

Acquisition of Debt (Describe on Schedule A)
Payment of Lease Obligations
Payment of Other Debts (Describe on Schedule A)

NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES

NET INCREASE/(DECREASE) IN CASH

BEGINNING CASH

ENDING CASH BALANCE *

***NOTE: ENDING CASH BALANCE MUST AGREE WITH TOTAL CASH BALANCE ON BALANCE SHEET**

STATEMENT OF CASH FLOWS
YEAR TO DATE FOR PERIOD ENDED:
Schedule A Disclosure

Describe:

1. Sources and amounts of cash received for other grants.

2. Underlying transactions for acquisition of debt.
(Debtor, amount, purpose of loan, term, interest rate and term of debt acquired during the quarter.)

3. Underlying transactions for retirement of debt.
(Debtor, amount paid off.)

4. Cash Flows from financing activities – Payment of Other Debt

5. Supplemental data or non-cash investing and financing activities, gifts, etc.

6. Purchase of Property and Equipment.

J. PROFIT/RISK CORRIDOR ANALYSIS

See **Section III C. #7** for information on Profit/Risk Corridor Analysis.

K. INSTRUCTIONS FOR THE PROFIT/RISK CORRIDOR ANALYSIS

A separate analysis should be prepared for Title XIX, Title XXI, and Non-Title XIX/XXI programs. Enter the profit/risk receivable, payable, or adjustment amount(s) if applicable. The details of any adjustment must be disclosed. Also, disclose factors contributing to excess profit or loss.

Review child and adult calculations to determine if they should be combined (i.e. if loss in children, combine with the adult profit and display result in total column).

If child calculations shows excess profit, do not combine. Display results in both the child column and adult column instead of the total column.

RBHA
Profit/Risk Corridor Analysis - TXIX

**Per the RBHA Un-audited Financial Statements
FOR MONTH ENDED:**

July 31, 200X

TXIX	TXIX			Combined
	TXIX Child	CMDP	TXIX DD Child	TXIX Child
ADHS Revenue	\$0	\$0	\$0	\$0
Profit/Risk Corridor Amount (Receivable) reported by RBHA				\$0
Profit/Risk Corridor Amount Payable reported by RBHA				\$0
Adjustments*				\$0
Total Revenue	\$0	\$0	\$0	\$0
ADHS Service Expense	\$0	\$0	\$0	\$0
ADHS Administrative Expense	\$0	\$0	\$0	\$0
Adjustments				\$0
Less Current Period Encounter Withhold Only				\$0
Service & Administrative Expense Less Encounter Withhold	\$0	\$0	\$0	\$0
EBIT	\$0	\$0	\$0	\$0
ADHS Income Tax provision	\$0	\$0	\$0	\$0
Net Profit/(Loss)	\$0	\$0	\$0	\$0
Contractual Profit Margin	0.00%	0.00%	0.00%	0.00%

	TXIX			Combined
	TXIX Child	CMDP	TXIX DD Child	TXIX Child
Service Revenue (92.5% of Total Revenue)	- -		- -	
ADHS Service Expense & Income Tax	\$0	\$0	\$0	\$0
Less 92.5% of Current Period Encounter Withhold Only	\$0	\$0	\$0	\$0
Service Profit/(Loss)	- -		- -	
Profit Corridor (+/-4% of Service Revenue)	- -		- -	
Less Sanctions				
Revised Profit Corridor				
Excess Service Profit/(Loss)	- -		- -	
Contractual Profit/Risk Corridor %	0.00%	0.00%	0.00%	0.00%

Profit/Risk Corridor - Children Profit Cannot Offset Adult Losses
***Adjustments:**

Disclose details of adjustments recorded

Disclosure:

Identify factors contributing to non-compliance of profit/risk corridors

TXIX SMI	TXIX DD ADULT	TXIX GMH/SA	Combined TXIX Adult	TOTAL TXIX
\$0	\$0	\$0	\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
			\$0	\$0
			\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%

TXIX SMI	TXIX DD ADULT	TXIX GMH/SA	Combined TXIX Adult	TOTAL TXIX
-	-	-	-	-
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
0.00%	0.00%	0.00%	0.00%	0.00%

RBHA

Profit/Risk Corridor Analysis -TXXI

Per the RBHA Un-audited Financial Statements

FOR MONTH ENDED:

July 31, 200X

TXXI	TXXI Child	TXXI Adult
ADHS Revenue	\$0	\$0
Profit/Risk Corridor Amount (Receivable) reported by RBHA		
Profit/Risk Corridor Amount Payable reported by RBHA		
Adjustments*		
Total Revenue	\$0	\$0
ADHS Service Expense	\$0	\$0
ADHS Administrative Expense	\$0	\$0
Adjustments*		
Less Current Period Encounter Withhold Only		
Service & Administrative Expense Less Encounter Withhold	\$0	\$0
EBIT	\$0	\$0
ADHS Income Tax provision	\$0	\$0
Net Profit/(Loss)	\$0	\$0
Contractual Profit Margin	0.00%	0.00%
	TXXI Child	TXXI Adult
Service Revenue (92.5% of Total Revenue)	-	-
ADHS Service Expense & Income Tax	\$0	\$0
Less 92.5% of Current Period Encounter Withhold Only	\$0	\$0
Service Profit/(Loss)	-	-
Profit Corridor (+/-4% of Service Revenue)	-	-
Less Sanctions	-	-
Revised Profit Corridor	-	-
Excess Service Profit/(Loss)	-	-
Contractual Profit/Risk Corridor %	0.00%	0.00%

Profit/Risk Corridor - Children Profit Cannot Offset Adult Losses

***Adjustments:**

Disclose details of adjustments recorded

Disclosure:

Identify factors contributing to non-compliance of profit/risk corridors

HIFA II SMI		HIFA II GMH		Combined TXXI Adult		Total TXXI	
\$0		\$0		\$0		\$0	
				\$0		\$0	
				\$0		\$0	
				\$0		\$0	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
				\$0		\$0	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
0.00%		0.00%		0.00%		0.00%	
HIFA II SMI		HIFA II GMH		Combined TXXI Adult		Total TXXI	
-		-		-		-	
\$0		\$0		\$0		\$0	
\$0		\$0		\$0		\$0	
-		-		-		-	
-		-		-		-	
-		-		-		-	
0.00%		0.00%		0.00%		0.00%	

Profit Limit Analysis – NTXIX/XXI
Per the RBHA Un-audited Financial Statements
FOR MONTH ENDED:

NTXIX/XXI CHILD	NTXIX/XXI SMI	Mental Health
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
-	-	-
\$0	\$0	\$0
-	-	-
NTXIX/XXI CHILD	NTXIX/XXI SMI	Mental Health
-	-	-
\$0	\$0	\$0
\$0	\$0	\$0
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
0.00%	0.00%	0.00%

Identify factors contributing to non-compliance of profit limit

Substance Abuse	Prevention Intervention	ADHS/DOC	Other	Combined Adult NTXIX/XXI	Total NTXIX/XXI
\$0	\$0	\$0	\$0	\$0	\$0
				\$0	\$0
				\$0	\$0
				\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
				\$0	\$0
				\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
-	-	-	-	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
-	-	-	-	\$0	\$0
Substance Abuse	Prevention Intervention	ADHS/DOC	Other	Combined Adult NTXIX/XXI	Total NTXIX/XXI
-	-	-	-	-	-
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

L. LAG REPORT

AICPA Statement of Position (SOP) 89-5 defines IBNR as costs associated with health care services incurred during a financial reporting period but not reported to the prepaid health care provider until after the reporting date. GAAP requires costs to be accrued as services are rendered. This requirement is met through accrual of a liability, i.e., IBNR. In conjunction with the IBNR process, SOP 89-5 further states that premiums (equivalent to capitation) are reported as revenue in the month members are entitled to service; premiums collected in advance are deferred revenue. SOP 89-5 concludes: "Health care costs should be accrued as the services are rendered, including estimates of the costs of services rendered but not yet reported. Furthermore, if a provider of prepaid health care services is obligated to render services to specific members beyond the premium period due to provisions in the contract or regulatory requirements, the costs to be incurred for such services should also be accrued currently." (AICPA SOP 89-9, paragraph 30)

There are three primary components of claims expense:

- Paid Claims
- Received but unpaid claims (RBUCs). A claim should be classified as an RBUC immediately upon its receipt and is to be tracked as such. The processing status of a RBUC is either pended, in process, or payable.
- Incurred But Not Reported claims (IBNRs)

Paid claims and RBUC expenses are identifiable as part of the basic accounting systems of the RBHAs. Since these components, along with a well-established prior authorization and referral system, form the basis for IBNR estimation, it is imperative that the RBHA has an adequate claims accrual and payment system. The system must be capable of reporting claims on a date-of-service basis, have the capacity to highlight large outlier cases, possess sufficient internal controls to prevent and detect payment errors, and conform to regular payment patterns. Once IBNR estimates have been established, continuous monitoring of reported and paid claims is essential.

Claim expense evaluation requires consideration of current trends and conditions. The following claims environment factors should be considered:

- Changes in various policies, practices, or coverage;
- Trends in inflation;
- Trends in claims lag time;
- Trends in length of hospital inpatient stay;
- Changes in contractual agreements.

IBNRs are difficult to estimate because the total units of service and the exact service costs are not always known prior to claims receipt. Since inpatient and residential treatment center claims are the major expenses incurred by the RBHAs, it is important to accurately identify costs of outstanding unbilled services. Selection of an appropriate system for estimating IBNR claims expense is based on RBHA circumstances, characteristics, and the availability of reliable information.

Elements of an IBNR system are:

1. The IBNR system must function as an integral part of the overall financial management and claims system. These systems join to collect, analyze, and share claims data. They require effective referral, prior authorization, utilization review and discharge planning functions. The RBHA must, in addition, have a full accrual accounting system to properly identify and record the expense, together with the related liabilities for all unpaid and unbilled services provided to clients.
2. An effective IBNR system requires the development of reliable lag reports that identify the length of time between the dates of service, receipt of claims, and processing/payment of claims by major provider type (hospital, outpatient, etc.). Reliable claims/cash disbursement systems generally produce much of the necessary data. Lag Reports and projections are most useful when there is a sufficient, accurate claims history, with stable lag patterns. If this is not the case, the reports will require modification, on a pro-forma basis, to reflect corrections for known errors or skewed payment patterns. The data included in the Lag Reports should include all information received to date.
3. Whenever practical, claims data collection and analysis should begin before the service is provided (i.e., prior authorization records). This prospective claims data, together with claims data collected as the services are provided (i.e., prior authorization records), should be used to identify claims liabilities.
4. Claims data may be segregated to permit analysis by: county, major provider, or category of service.
5. Subcontract agreements should clearly state each party's responsibility for claims/encounter submission, prior notification, authorization, and reimbursement rates. These agreements should be in writing, clearly understood, and followed consistently by each party.
6. Individual IBNR amounts, once established, should be monitored for adequacy and adjusted, as needed. If IBNR estimates are subsequently found to be significantly inaccurate, analysis should be performed to determine the reasons therefore. This analysis should be incorporated into a RBHA's IBNR methodology, if applicable.

Several different methods can be used to determine the total IBNR amount. The RBHAs should employ a method that best meets their needs and accurately estimates their IBNRs. If a RBHA is considering a method different from that previously described, a written description of the process must be submitted to ADHS for approval prior to its use. The IBNR methodology used by the RBHA must also be evaluated by the RBHAs Independent Certified Public Accountant for reasonableness.

Lag Reports are used to track historical payment patterns. When a sufficient history exists and a regular claims submission pattern has been established, this methodology can be employed. If the Lag Report is not the primary methodology, the RBHA should use lag information as a validation test for accruals calculated using other methods. Typically, the information on the schedules is organized according to the month services are rendered on the horizontal axis and the month claims for those services are paid on the vertical axis. Population and category of service should track specifically, as each population may have different characteristics. A separate lag report should be prepared for Title XIX, Title XXI and Non - Title XIX/XXI, including a Lag Report - Summary of all funding types.

M. INSTRUCTIONS FOR THE LAG REPORT

Once a number of months (typically eighteen) becomes fully reported and paid, the information can be used to estimate IBNRs. IBNR can be estimated by computing the average period over which claims are submitted and applying the completion factor months, which are not yet fully developed. The following example demonstrates the lag table.

Fully Developed Table

Month of Service

Month of Payment	Current	1 st Prior	2 nd Prior	Total	Percent of Total	Cumulative Percent
Current	2,000	800	1,400	4,200	10.0%	10.0%
1 st Prior	8,500	8,750	8,200	25,450	60.6%	70.6%
2 nd Prior	3,750	2,800	3,700	10,250	24.4%	95.5%
3 rd Prior	750	650	700	2,100	5.0%	100.0%
Total	15,000	13,000	14,000	42,000	100.0%	

This table indicates that 10.0 percent of all claims are reported and paid in the month services are rendered, 60.6 percent are paid in the second month, etc. In this example, within four months from the date of service all claims are paid (i.e., fully developed). The information in this example can be used to calculate IBNRs by examining claims payment experience for the three months prior to the balance sheet date.

By dividing the claims paid to date, by the decimal form of the cumulative percent developed from the fully developed table for the applicable month, an estimate can be made of each month's total claims to be experienced for the period. Subtracting the total claims paid to date from this estimate yields the estimated claims expense accrual for the IBNR. The following steps must be taken in order to estimate the total claims expense as of the end of June.

1. For each month not yet fully developed, the cumulative percentage (obtained from the fully developed table) should be divided into the total amount of claims paid to date for each month. The result will be estimated total claims expense for each month.
2. Subtract all claims paid or received (RBUCs) for that month from the estimated total claims expense for each month. The remainder represents the IBNR estimate.

An example of a completed Lag Report is shown on the following page.

LAG REPORT EXAMPLE

<u>Month of Payment</u>	<u>Month of Service</u>			<u>Total</u>	% of Total <u>Dollars</u>	Cumulative <u>Percent</u>
	<u>Current</u>	<u>1st Prior</u>	<u>2nd Prior</u>			
Current	\$ 1,600	\$ 1,900	\$ 1,600	\$ 5,100	17.47%	17.47%
1 st Prior	\$ 0	\$10,600	\$ 9,700	\$20,300	69.52%	86.99%
2 nd Prior	\$ 0	\$ 0	\$ 3,800	\$ 3,800	13.01%	100.00%
3 rd Prior	\$ 0	\$ 0	\$ 0	\$ 0		
Total	\$ 1,600	\$12,500	\$15,100	\$29,200		

Divided by
Cumulative Percent 17.47% 86.99% 100% N/A

Calculated Total				
FFS Claim Expense	\$ 9,159	\$14,369	\$15,100	\$38,631
Adjustments*	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total FFS Claim Expense	\$ 9,159	\$14,369	\$15,100	\$38,628

Less: Amount Paid to Date	\$29,200
Less RBUCs	\$ <u>1,400</u>

Total IBNR	<u>\$ 8,028</u>
------------	-----------------

* Disclose adjustments at management's discretion. Provide a detailed explanation and show calculations.

Estimates developed by this lag methodology should be monitored for reasonableness. This is particularly true for the most recent months where the information is less developed. If the calculation is producing an unusually low or high total claims expense for any particular month, it should be investigated for validity.

The IBNR liabilities should tie to the Statement of Financial Position. A RBHA may submit a Lag Report with less than the required information and in a format different from the illustrated report, if prior approval has been obtained from DBHS Chief Financial Officer.

Prepare a separate Lag Report for each of the following categories:

- Title XIX
- Title XXI
- Non-Title XIX/XXI
- Summary

RBHA
LAG REPORT – SUMMARY
AS OF:

Month of Payment	Month of Service								
	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior	5 th Prior	6 th Prior	7 th Prior	8 th Prior
Current									
1 st Prior									
2 nd Prior									
3 rd Prior									
4 th Prior									
5 th Prior									
6 th Prior									
7 th Prior									
8 th Prior									
9 th Prior									
10 th Prior									
11 th Prior									
12 th Prior									
13 th Prior									
14 th Prior									
15 th Prior									
16 th Prior									
17 th Prior									
18 th Prior									
Total Claims Paid									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total FFS Expense Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total Block/Sub Cap Exp Rprtd									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total RBUCs Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total IBNR Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

RBHA
LAG REPORT BY PROGRAM***
AS OF:

Month of Service										
Month of Payment	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior	5 th Prior	6 th Prior	7 th Prior	8 th Prior	9 th Prior
Current										
1 st Prior										
2 nd Prior										
3 rd Prior										
4 th Prior										
5 th Prior										
6 th Prior										
7 th Prior										
8 th Prior										
9 th Prior										
10 th Prior										
11 th Prior										
12 th Prior										
13 th Prior										
14 th Prior										
15 th Prior										
16 th Prior										
17 th Prior										
18 th Prior										
Totals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cum %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Calculated Total FFS Claim Exp.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adjustments* (Disclose Below)										
Total FFS Claim Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Less Amount paid to Date										
Less RBUC										
Total IBNR										

FFS Claim Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Capitation/Block Purchase Exp**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Monthly Service Exp. Reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*** Adjustments to claim expense**

Explain reason for adjustments to calculated FFS claim expense and show calculation for adjustments below.

Disclose Categories of all programs included in calculations.

**** Should tie to Statement of Activities**

*****Prepare separate report for TXIX, TXXI and NTXIX/XXI**

[illegible][illegible]

\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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N. FINANCIAL RATIO ANALYSIS COMPARISON REPORT

This is a report generated from the E-statements for analysis purposes.

O. INSTRUCTIONS FOR THE FINANCIAL RATIO ANALYSIS COMPARISON REPORT

The majority of the amounts are linked from other statements. The following fields require input:

- Current Days under the Defensive Interval Ratio
- Monthly Capitation and Non-Title XIX/XXI Payment under the Maintenance of Minimum Capitalization Section
- The Number of Enrollees under the Equity Per Enrolled Member Section

RBHA**Financial Ratio Analysis Comparison****As of:** July 31, 200X**Liquidity Ratio****Current Ratio: (Standard 1.0)**

Current Assets/Current Liabilities

Month Ending	Current Assets	Current Liabilities	Ratio
Jul-0X	-	-	0

Equity per Enrolled Member (Standard \geq \$300 per enrolled member)

Net Assets / (Number of Enrolled Members * \$300)

Month Ending	Total
Jul-0X Net Assets/Equity	\$ -
Less Performance Bond reported on Financial Stmnts.	\$ -
Subtotal	\$ -
Divided by the No. of Enrollees	0
\$300 per enrolled member	\$ 300
Compliance/(Out of Compliance)	\$ (300)

* Out of Compliance provide plan of correction.

Performance Ratios**Title XIX Administrative Ratio: (Standard \leq 7.5%)**

Title XIX Admin. Exp./Total Title XIX Rev.

Month Ending	Title XIX Administrative Expense	Title XIX Revenue	Percent
Jul-0X	-	-	0

Title XXI Administrative Ratio: (Standard \leq 7.5%)

Title XXI Admin. Exp./Total Title XXI Rev.

Month Ending	Title XXI Administrative Expense	Title XXI Revenue	Percent
Jul-0X	-	-	0

Non-Title XIX/XXI Administrative Ratio: (Standard \leq 7.5%)

Non-Title XIX/XXI Admin. Exp./Total Title Non-Title XIX/XXI Rev.

Month Ending	Non-Title XIX/XXI Administrative Expense	Non-Title XIX/XXI Revenue	Percent
Jul-0X	-	-	0

Defensive Interval (in days): (Standard \geq 30 days)

(Cash + Cash Equivalents + Current Investments)/

((Total Expense - Non-cash Expense)/days)

Month Ending	Cash & Cash Equivalents	Total Expenses – Non-cash Expenses	Current Days	Defensive Days
Jul-0X	-	-		0

Maintenance of Minimum Capitalization(Net Assets - Performance Bond reported on financial stmts.) \geq ((Monthly Capitation Payment + Non-Title XIX/XXI Payment)*90%)

Month Ending	Net Assets/Equity	Performance Bond	Total
Jul-0X	-	-	-
	Monthly Capitation Payment	Non-Title XIX/XXI Payment	*90%
			-
Compliance/(Out of Compliance)			
			-

* Out of Compliance provide plan of correction.

Title XIX Service Ratio: (Standard Between 88.5% and 96.5%)

Title XIX Service Exp./Total Title XIX Rev.

Month Ending	Title XIX Service Expense	Title XIX Revenue	Percent
Jul-0X	-	-	0

Title XXI Service Ratio: (Standard Between 88.5% and 96.5%)

Title XXI Service Exp./Total Title XXI Rev.

Month Ending	Title XXI Service Expense	Title XXI Revenue	Percent
Jul-0X	-	-	0

Non-Title XIX/XXI Service Ratio: (Standard \geq 88.5%)

Non-Title XIX/XXI Service Exp./Total Non-Title XIX/XXI Rev.

Month Ending	Non-Title XIX/XXI Service Expense	Non-Title XIX/XXI Revenue	Percent
Jul-0X	-	-	0

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P. SUPPLEMENTAL REPORTS TO THE AUDITED FINANCIAL STATEMENTS

The following supplemental annual reports are required and should be submitted with the draft and final certified audit reports:

- Statement of Financial Position Reconciliation from 4th Quarter Submission to Audited Financial Statements
- Schedule A Disclosure for Statement of Financial Position Reconciliation from 4th Quarter Submission to Audited Financial Statements
- Statement of Change in Net Assets/Equity
- Reconciliation of Change in Net Assets/Equity from 4th Quarter Submission to Audited Financial Statements
- Disclosure Statement/Related Party Transaction Submission Form
- RBHA Financial Disclosure Statement
- Annual Statement of Activities
- Annual Statement of Activities Schedule A Disclosures
- Financial Ratios and Standards Report
- Draft Profit/Risk Corridor Analysis
- Lag Report including methodology used to calculate IBNR

**ANNUAL
STATEMENT OF FINANCIAL POSITION
AS OF:**

Reconciliation from 4th Quarter Submission to Audited Financial Statements

ASSETS	As Submitted <u>4th Quarter</u>	Audit Adjustments		Restated <u>Balance</u>	<u>Notes*</u>
<u>Current Assets</u>		<u>Debits</u>	<u>Credits</u>		
101 Cash					
102 Current Investments					
103 Accounts Receivable (net)					
104 Notes Receivable (current portion)					
105 Prepaid Expenses					
106 Other Current Assets					
107 Total Current Assets					
<u>Non Current Assets</u>					
108 Land					
109 Building					
110 Leasehold Improvements					
111 Furniture and Equipment					
112 Vehicles					
113 Total Property and Equipment					
114 Less: Accumulated Depreciation					
115 Net Property and Equipment					
116 Notes Receivable (net of current portion)					
117 Performance Bond					
118 Long Term Investments					
119 Deposits					
120 Other Non-current Assets					
121 Total Non-current Assets					
122 TOTAL ASSETS					

LIABILITIES AND NET ASSETS

	<u>As Submitted</u>	<u>Audit</u>	<u>Audit</u>	<u>Restated</u>	<u>Notes*</u>
<u>Current Liabilities</u>	<u>4th Quarter</u>	<u>Debits</u>	<u>Credits</u>	<u>Balance</u>	
201 Incurred But Not Reported Claims					
202 Reported But Unpaid Claims					
203 Payable to ADHS					
204 Other Amounts Payable to Providers					
205 Trade Accounts Payable					
206 Accrued Salaries and Benefits					
207 Long-term Debt (current portion)					
208 Deferred Revenue (Disclose on Schedule A)					
209 Risk Pool Payable					
210 Other Current Liabilities					
211 Total Current Liabilities					
 <u>Non-Current Liabilities</u>					
212 Long-term debt (net of current portion)					
213 Loss Contingencies (Disclose on Schedule A)					
214 Other Non-current Liabilities					
215 Total Non-current Liability					
216 TOTAL LIABILITIES					
 217 NET ASSETS					
Unrestricted Assets					
Restricted Assets					
 218 TOTAL LIABILITIES AND NET ASSETS					

***Footnote and Explain (IN DETAIL) Each Adjustment.**

**ANNUAL
STATEMENT OF FINANCIAL POSITION
AS OF:**

Schedule A Disclosures

ASSETS:

Cash

Restricted

Unrestricted

Total Cash

Accounts Receivable

ADHS

Program ID	Category ID
------------	-------------

Current Year

Prior Year

Non-ADHS &/or Other

Current Year

Prior Year

Allowance for Doubtful Accounts

Total Accounts Receivable

Other Current Assets (Detail of Line 106)

Total Other Current Assets

Other Non-current Assets (Detail of Line 120)

Identify Other Non-current Assets

Total Other Non-current Assets

PERFORMANCE BOND:

List type of Security and Amount

Adjustments:

Disclose and describe any adjustments made to previously submitted financial statements including those that affect the current period financial statements.

Payables to ADHS – Other Category

Disclose items recorded as “Other” in the category for Payable to ADHS Section

Explain ≥10% fluctuation in account from prior period

Describe fluctuation in each account greater than 10%

LIABILITIES:

IBNR Claims Estimate

Current Year

Current Year IBNR

Prior Year

Prior Year IBNR

Total IBNR

Payable to ADHS (Detail of Line 203)

Program ID	Category ID
------------	-------------

Current Year

Select Program

Select Category

Prior Year

Total Payable - ADHS

Deferred Revenue from: (Detail of Line 208)

Program ID	Category ID
------------	-------------

ADHS

Current Year

Prior Year

Non-ADHS &/or Other

Current Year

Prior Year

Total Deferred Revenue

Other Current Liabilities (Detail of Line 210)

Identify Other Current Liabilities

Total Other Current Liabilities

Loss Contingencies (Detail of Line 213)

Identify Loss Contingencies

Total Loss Contingencies

Other Non-current Liabilities (Detail of Line 214)

Identify Other Non-current Liabilities

Total Other Non-current Liabilities

Restricted Assets (Detail of Line 217)

Itemized Restricted Assets

Total Restricted Assets

**ANNUAL
CHANGES IN NET ASSETS
AS OF:**

***Reconciliation from 4th Quarter Submission to Audited
Financial Statements***

Unrestricted:

Beginning Net Assets
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets

Temporarily Restricted:

Beginning Net Assets
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets

Permanently Restricted:

Beginning Net Assets
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets

Total Ending Net Assets (Line 217 Statement of Financial Position)

LIST THE BASIS OF AUDIT ADJUSTMENTS

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RBHA NAME
DISCLOSURE STATEMENT/RELATED PARTY TRANSACTION SUBMISSION FORM

RBHA NAME: _____
DISCLOSURE STATEMENT FOR THE YEAR ENDED: _____
CONTRACT NUMBER: _____

I hereby attest that the information contained in the Disclosure Statement/Related Party Transactions is current, complete and accurate to the best of my knowledge. I also attest that these reported transaction are reasonable, will not impact on the fiscal soundness of the RBHA, and are without conflict of interest. I understand that whoever knowingly and willfully makes or causes be made a false statement on the statement may be prosecuted under applicable federal and/or state laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the RBHA already participates in the agreement may terminate the agreement or contract with ADHS.

Date Signed

Chief Financial Officer (Print Name)

RBHA NAME
FINANCIAL DISCLOSURE STATEMENT

The RBHA must provide the following information as required by 42 CFR 455.101-103.

1. Ownership: List the name and address of each person with ownership or controlling interest as defined by 42 CFR 455.101, in the disclosing entity.

Name	Address	Percent of Ownership or Control

2. RBHA Ownership: List the name and the address of each person with an ownership or control interest in any RBHA in which the disclosing entity has direct or indirect ownership of 5% or more:

Name	Address	Percent of Ownership or Control

Name of above persons who are related to one another as spouse, parent, child or sibling:

3. Ownership in Other Entities: List the name of any other entity in which a person with ownership or controlling interest in the RBHA also has an ownership or controlling interest:

Business Transactions: List the Ownership of any subcontractor with whom the RBHA has had business transactions totaling more than \$ 25,000 during the 12-month period ending on the date of the request:

Describe Ownership Of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction

4. Long –Term Business Transactions: List any significant business transactions, as defined in 42CFR 455.101, between the RBHA and any wholly-owned supplier or between the RBHA and any subcontractor during the five-year period ending on the date of the request:

Describe Ownership Of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction
---	---	---------------------------------

5. Criminal Offenses: List the name of any person who has ownership or controlling interest in the RBHA, or is an agent or managing employee of the RBHA and has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XXI services program since the inception of those programs:

Name	Address	Title
------	---------	-------

6. Creditors: List the name and address of each creditor whose loans or mortgages exceed 5% of the total RBHA equity and are secured by assets of the RBHA.

Name	Address	Description Of Debt	Amount of Security
------	---------	------------------------	-----------------------

RBHA RELATED PARTY TRANSACTIONS

1. **Board of Directors:** List the Names/Titles and Addresses of the Board of Directors of the RBHA:

Name/Title

Address

2. **Highest Compensated Management:** List Names and Titles of the 10 highest compensated management personnel including but not limited to the Chief Executive Officer, the Chief Financial Officer, Board Chairman, Board Secretary and Board Treasurer:

Name

Title

3. **Related Party Transactions:** Describe transactions between the RBHA and any related party in which a transaction or series of transactions during any one fiscal year exceeds the lesser of \$10,000 or 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to (1) the reasonableness of the transaction, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction is without conflict of interest:

a) The sale, exchange or leasing of any property:

Description of
Transaction

Name of Related Party
And Relationship

Dollar Amount for
Reporting Period

Justification:

b) The furnishing of goods, services or facilities for consideration:

Description of Transaction	Name of Related Party And Relationship	Dollar Amount for Reporting Period

Justification:

c) Describe all transactions between the RBHA and any related party which includes the lending of money, extensions of credit or any investment in a related party. This type of transaction requires review and approval in advance by the ADHS Director:

Description of Transaction	Name of Related Party And Relationship	Dollar Amount for Reporting Period

Justification:

d) List the Name and Address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e. formulates, determines or vetoes business policy decisions):

Name	Address	Owner or Controller	Has Controlling Interest? Yes/No

CROSSWALK FROM NON-PROFIT FINANCIAL STATEMENTS TO FOR - PROFIT FINANCIAL STATEMENTS

VII. CROSSWALK FROM NON-PROFIT TO FOR-PROFIT FINANCIAL STATEMENTS

NON-PROFIT FINANCIAL STATEMENTS	FOR-PROFIT FINANCIAL STATEMENTS
STATEMENTS OF FINANCIAL POSITION 217. NET ASSETS 218. TOTAL LIABILITIES AND NET ASSETS	STATEMENT OF FINANCIAL POSITION: 217. TOTAL EQUITY 218.TOTAL LIABILITIES AND EQUITY
CHANGES IN NET ASSETS Reconciliation From 4 th Quarter Submission to Audit Statement of Financial Position Unrestricted: Beginning Net Assets Revenue Over/(Under) Expenses from 4 th Quarter Audit Adjustments (Disclosed Basis Below) Ending Net Assets Temporarily Restricted: Beginning Net Assets (6/30/XX) Revenue Over/(Under) Expenses from 4 th Quarter Audits Adjustment (Disclose Basis Below) Ending Net Assets Permanently Restricted: Beginning Net Assets (6/30/XX) Revenue Over/(Under) Expenses from 4 th Quarter Audit Adjustments (Disclose Basis Below) Ending Net Assets Total Ending Net Assets (Line 217 Statement of Financial Position)	CHANGES IN EQUITY Reconciliation From 4 th Quarter Submission to Audited Statement of Financial Position: Beginning Equity Revenue Over/(Under) Expenses – from 4 th Quarter Audit Adjustments (Disclose Basis Below) Total Ending Equity (Line 217 Statement of Financial Position)
LIST THE BASIS OF AUDIT ADJUSTMENTS	LIST THE BASIS OF AUDIT ADJUSTMENTS
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS 901. Beginning Net Assets 902. Increase (Decrease) in Net Assets 903. Adjustments (Disclosed Basis) 904. Ending Net Assets	STATEMENT OF CHANGES IN EQUITY 901. Beginning Equity 902. Increase (Decrease) In Equity 903. Adjustments (Disclosed Basis) 904. Ending Equity

PERFORMANCE BOND INSTRUCTIONS

VIII. PERFORMANCE BOND

A. PERFORMANCE BOND DESCRIPTION

ADHS allows several specific ways to satisfy the performance bond, as follows:

- Cash Deposits
- Irrevocable Letter of credit (stand-by type only) issued by any of the below named institutions:
 1. A bank insured by the Federal Deposit Insurance Corporation.
 2. A Savings and Loan association insured by the Federal Savings and Loan Insurance Corporation.
 3. A credit union insured by the National Credit Union Administration.
- Surety Bonds issued by a surety company approved by ADHS.
- Substitute security, as agreed to by ADHS.

On or before June 15 of each year, the RBHA shall establish and maintain a performance bond rated at least A by A.M. Best Company of a standard scope issued by a surety company or companies holding a certificate of authority to transact surety business in the state of Arizona issued by the Director of the Department of Insurance pursuant to Title 20, Chapter 2, Article 1, and in form prescribed by R2-7-505.

A full listing of acceptable substitute securities is described below. The acceptable list is complete; no others can be substituted. The listing of unacceptable securities is not comprehensive; it is designed only to give an idea of common securities that have already been considered and rejected. ADHS will periodically review the acceptable substitutes and consider other options as needed.

Certificate of Deposit (CD). CDs must be issued by a financial institution and insured by the appropriate Federal Agency. The CD must be assigned to ADHS and forwarded to the State Treasurer for safekeeping.

United States Treasury Bills (T-Bills). Similar to the Treasury Notes and Bonds, except they are much shorter in term, three, six and twelve months, and are sold at a discount. This means that less than the face amount is paid for the original purchase price and the face amount is recovered at maturity. The interest earned is the difference between the amount paid and the par value of the T-Bill.

United States Treasury Notes and Bonds. This type of security is backed by the full faith and credit of the United States Government. These are notes, with maturities ranging from two to thirty years. Interest is paid semi-annually on the anniversary of the issued date and six months later. They are considered coupon securities even though they are now mostly in book entry form. Ownership is simply entered in the computers of the Federal Reserve. Interest is paid by the Federal Reserve by issuing credits to members that the notes are recorded through and the banks credit the customer's account. These notes and bonds shall be held by the custodian of the State Treasurer (Wachovia Bank). They may not be released or substituted without ADHS approval.

Federal Farm Credit Banks Funding Corporation (FFCB). The FFCB is 37 banks that issue two types of securities that can be substitutes for the performance bond, Consolidated System wide bonds and Consolidated System wide notes. The securities are the joint and several obligations of all 37 member banks of the FFCB.

Federal Home Loan Banks (FHLB). The FHLB serves the same function for the Savings and Loan industry as the Federal Reserve does for the banking industry. It is owned by the member Savings and Loan and issues coupon interest bonds much like the Federal Reserve.

Federal National Mortgage Association (FNMA). FNMA issues two types of securities, coupon interest bonds and mortgage bonds. The coupon interest bonds are acceptable for the Performance Bonds. The Mortgage bonds are not acceptable because of the repayment of the principal over the life of the bonds.

Securities NOT acceptable to ADHS:

- Federal Home Loan Mortgage Corporation (FHLMC).
- Governmental National Mortgage Association (GNMA).
- Municipal Bonds.
- Corporate Bonds.
- Commercial Paper.
- Stocks.
- Letter of credit from other than a Bank, Savings and Loan or Credit Union.
- Banker's acceptance.
- Mutual Funds.
- Letter of Credit (guarantee) from any parent organization.

The Performance Bond shall remain in the safekeeping of the State of Arizona Treasurer's Office, or the State Treasurer's appointed custodian.

RBHA PROCEDURES:

Depending on the type of Performance Bond posted, the RBHA shall have funds deposited with the State Treasurer, Certificates of Deposit assigned to the State Treasurer, or substitute securities deposited with the State Treasurer's appointed custodian. The Original Letter of Credit or Surety bond must be sent to ADHS and will be forwarded to the State Treasurer for safekeeping.

The Performance Bond shall have an immediate redemption value equal to or greater than the Performance Bond required at the time of purchase.

The Performance Bond shall have a termination date of either the date in which the RBHA has liabilities relating to the performance of the contract of less than \$50,000 or twelve months following the termination date of the contract, whichever is later.

The State of Arizona Project/Contract Number shall be noted on the performance bonds.

A RBHA must submit a written request to ADHS to withdraw or release its Performance Bond.

B. PERFORMANCE BOND INSTRUCTIONS

1. CERTIFICATE OF DEPOSIT

a. Assignment to Arizona State Treasurer

The completion of the Assignment to Arizona State Treasurer form is the RBHA's responsibility. Only Certificates of Deposit (CD) from banks, savings and loans, or credit unions, insured by the appropriate federal institution, are acceptable for the Performance Bond. The face amount of the CD must be equal to or greater than the Performance Bond requirement.

b. Deposit of the Certificate of Deposit

The RBHA shall deliver to ADHS the original CD (or receipts for the CD if certificate is not issued), the Assignment to Arizona State Treasurer, and a letter detailing the reason for the deposit and the name of a contact person .

ADHS will complete and send a Securities Safekeeping form with the CD and the Assignment to Arizona State Treasurer to the State Treasurer. It is the RBHA's responsibility to monitor the maturity date of the CD. No notifications will be made from the State Treasurer's Office or ADHS.

c. Withdrawal of a Certificate of Deposit.

The RBHA must send a letter to ADHS requesting the release of a specific CD. The letter must include:

- The name of the institution issuing the CD.
- The certificate number.
- The amount of the CD.
- The manner in which the CD is to be returned to the RBHA.
- The name of a contact person.

2. SURETY BONDS

a. Establishment of a Surety Bond

The RBHA shall secure approval from ADHS prior to posting a Surety Bond as a Performance Bond.

The general requirements of a Surety Bond are as follows:

- An amount that meets or exceeds the Performance Bond requirement
- A time period that meets or exceeds ADHS' contract term
- ADHS must receive a signed extension of the bond 60 days prior to the bond expiration date

The RBHA must send the original Surety Bond to ADHS. ADHS will notify the RBHA in writing of the acceptance of the Surety Bond or of any necessary changes within five days of receipt of agreement. The original will be forwarded to the State Treasurer for safekeeping until the agreement ends or is terminated by the parties.

b. Return of Surety Bond original

The original Surety Bond will be returned to the makers upon:

- Termination of the Surety Bond, or
- Satisfying the Performance Bond requirement with another acceptable form.

3. CASH DEPOSITS

a. Deposit of Funds

- i. The RBHA shall send ADHS a check in an amount that meets or exceeds the Performance Bond requirement. The check shall be accompanied by a letter describing:
 - The application of funds as a Performance Bond for the ADHS contract.
 - The name and phone number of a primary contact.
 - Instructions for the disposition of the interest from the deposit. Interest can be reinvested or disbursed monthly.
 - Directions of where to send any disbursed interest.
- ii. ADHS will complete and send the Securities Safekeeping Form with the RBHA's check to the State Treasurer for processing and deposit.
- iii. Subject to the instructions provided, the State Treasurer may issue warrants each month for the interest in the account.
- iv. The State Treasurer will furnish statements of the account only upon written request. This request may be made at any time.

b. Withdrawal of Funds

- i. The RBHA must send a letter to ADHS requesting the withdrawal of any or all principal funds. The letter must include:
 - The amount of the withdrawal.
 - The date the funds should be withdrawn, (allow a minimum of ten working days).
 - The manner in which the warrant from the State Treasurer's Office should be handled: Mailed by the US Postal Service, or Courier (please include name and phone number of primary contact).

4. IRREVOCABLE LETTER OF CREDIT

a. Establishment of Bond

- i. The RBHA should secure approval from ADHS prior to posting an irrevocable Letter of Credit (LOC) as a Performance Bond. Only stand-by LOCs are acceptable. The request for approval must include:
 - General requirements of the proposed LOC.
 - An amount that meets or exceeds the Performance Bond requirement.
 - A time period that meets or exceeds ADHS' contract term.
 - ADHS must receive a signed extension of the LOC at least 60 days prior to the expiration of the LOC.
- ii. The RBHA must send one copy of the LOC to ADHS ten working days prior to the execution date. ADHS will review the LOC for elements necessary for the Performance Bond and advise the RBHA of the acceptance of, or required changes to, the LOC. Upon acceptance of the LOC by ADHS, the RBHA must submit the original LOC to ADHS. The original will be held with the State Treasurer for safekeeping until the agreement ends or is terminated by the parties.

b. Return of original Letter of credit

Original Letter of credit will be returned to the maker upon:

- Termination of the LOC.
- Satisfying the Performance Bond requirement with another acceptable form.

TRIBAL GENERAL ACCOUNTING ISSUES AND REPORTING REQUIREMENTS

IX. TRIBAL GENERAL ACCOUNTING ISSUES AND REPORTING REQUIREMENTS

A. GENERAL ACCOUNTING ISSUES

The TRBHA shall ensure that it has a system to produce complete, timely, reliable and accurate financial records in accordance with Government Auditing Standards, OMB A-133, "Audits of States, Local Governments and Non-Profit Organizations".

Report due dates that fall on a weekend or State recognized holiday are due the next business day. All reports are due by 5:00 p.m. on the due date and are not considered received until a printed report is delivered to the Bureau of Financial Operations. Financial Reports may be mailed or hand delivered and should be sent to the following address:

ADHS/DBHS/BFO
Attention: Manager, Office of Financial Review
150 N. 18th Avenue, Suite # 270
Phoenix, Arizona 85007

B. REPORTING REQUIREMENTS

1. Revenue and Expense Report

Based on individual Intergovernmental Agreements (IGA), this report is either due 45 days after quarter-end or semi-annually on Feb 15 and August 15

The TRBHA shall file a quarterly report detailing revenue and expenses separately for Title XIX/XXI Case Management, ADHS Non-Title XIX/XXI, and ADHS Title XIX Administration. Any reclassifications or adjustments should be footnoted on the bottom of the report under disclosures.

Annual Revenue and Expense Report with Annual Certification Statement is due 45 days after TRBHA fiscal year-end

2. Single Audit Financial Statements (OMB A-133)

Due to ADHS nine (9) months after the Tribe's fiscal year-end.
This report must be prepared by an Independent Auditor and include supplemental schedules and audit opinions.

ANNUAL CERTIFICATION STATEMENT OF (ENTITY NAME)
FOR THE YEAR ENDED: _____, 200X

Name of Preparer: _____

Title: _____

Phone No. _____

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowing and willfully makes or caused to be made a false statement or representation with this report may be prosecuted under applicable state and /or federal laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested might result in denial of a request to participate, or where the entity already participates, a termination of a T/RBHA's agreement or contact with the Arizona Department of Health Services.

Date Signed

Director

TRBHA
Revenue and Expense Summary
For the Quarter Ended:

	Case Management Title XIX/XXI	Non-Title XIX/XXI	Administration Title XIX	Quarter Total
Revenue				
ADHS				
Case Management				
Total Revenue				
Direct Service Expenses				
Case Management				
Clinical Specialist/Physician Fees				
Operating/Office/Program Supplies				
Transportation Expense				
Training/Contracting Services				
Other ADHS Service Expenses (Disclose Below)				
Total Direct Expenses				
Administrative Expenses				
Personnel Salaries/Wages				
Fringe Benefits				
Lease/Rental/Utilities				
Maintenance				
Training/Contracting Services				
Other Operating				
Total Administrative Expenses				
Other Expenses				
Capital Expenditures				
Indirect Costs- __%				
Total Other Expenses				
Total Expenses				
Net Revenue over (under) Expenses				
Disclosures:				

C. GENERAL REPORTING GUIDELINES

Financial data shall be reported in the format prescribed by ADHS. Generally Accepted Accounting Principles (GAAP) should be observed in the preparation of each report. Examples and general guidelines for each report follow. Separate instructions and template formats will be provided by ADHS in Microsoft Excel format (E-Statements). All amounts are to be rounded and reported in whole dollars. An explanation of adjustments made for prior periods and adjustments to prior months in the current fiscal year are to be disclosed. Predefined classifications are to be utilized prior to reporting in the “Other” column or “Other” line item categories. Items included in the “Other” categories are to be itemized on a supporting schedule. If there are insufficient instructions for a specific category, the TRBHA shall request instruction and direction from the DBHS Chief Financial Officer. A perceived lack of instruction is not sufficient grounds for failure to report accurately. ADHS provides required reporting formats to the TRBHA to provide consistent reporting. It is the TRBHA’s responsibility to ensure that all reports submitted are accurate, complete and timely. Adherence to GAAP is the overriding responsibility of the TRBHA. If there is a conflict between GAAP and these instructions, the TRBHA is required to advise the DBHS Chief Financial Officer of such conflict.

D. ADHS BLOCK GRANTS

The practices, procedures and standards specified in and required by the Accounting and Auditing Procedures manual for Contractors of Arizona Department of Health Services Funded Programs and any Uniform Financial Reporting Requirements shall be used by the Contractor in the management, recording and reporting Federal Block Grant funds.

The TRBHA shall comply with all terms, conditions and requirements of the CMHS and SAPT Performance Partnership Block Grants. Financial, performance and program data subject to audit, shall be retained by the TRBHA as documentation of compliance with federal requirements.

The TRBHA shall establish fiscal controls to ensure that funds are accounted for in a manner that permits separate reporting of mental health and substance abuse grant funds and services. Funds paid to Contractors for a fiscal year shall be available for obligation and expenditures until the end of the fiscal year for which the funds were paid.

The TRBHA shall, at the close of a fiscal year, defer all Federal Block Grant funds received but unexpended. The deferred revenue shall be recognized as earned in the first period of the following fiscal year. The recognized revenue shall be reported in the same program as ADHS originally remitted. Any revenue requiring deferral in the second year following its original remittance shall be returned to ADHS for reversion to the Authorizing Federal Agency.

TRBHAs shall maintain all necessary financial, contractual, budget and program data to ensure appropriate expenditure of grant funds in conformance with PL 102-321, 42USC 300x-21 et seq.

SAPT Block Grant

Category	Financial Guide Reporting Requirement
SA General Services	TRBHAs report expenditures for General Services as follows: <ul style="list-style-type: none"> • SAPT column • By appropriate expenditure line
Specialty Programs for Pregnant/Parenting Women	TRBHAs report expenditures for Specialty Programs for Pregnant/Parenting Women as follows: <ul style="list-style-type: none"> • SAPT column • By appropriate expenditure line
HIV/AIDS Early Intervention Services	TRBHAs report expenditures for HIV/AIDS as follows: <ul style="list-style-type: none"> • SAPT column • Line 509b, HIV
Prevention	TRBHAs report expenditures for prevention services as follows: <ul style="list-style-type: none"> • SAPT column • Line 509a, Prevention

CMHS Block Grant

Category	Financial Guide Reporting Requirement
Children	TRBHAs report expenditures for flex funded services as follows: <ul style="list-style-type: none"> • Other Federal Block Grants Column • Line 504, Support Services
Adults with SMI	TRBHAs report expenditures for support services as follows: <ul style="list-style-type: none"> • Other Federal Block Grants Column • Line 504, Support Services

E. SANCTIONS

Per the contractual agreement with the TRBHA, ADHS has the right to impose sanctions or financial penalties on the TRBHAs for failure to perform their contractual obligations. Failure of the contractor to provide accurate, complete, reliable, and timely financial reports may result in sanctions. ADHS and AHCCCS will sanction the full amount; there will be no proration. Sanctions may be taken if reports are not accurate, complete, and timely. It is the responsibility of the TRBHA to comply with these requirements. Extensions may be granted, but must be requested in writing. Requests must be received at least five (5) business days prior to ADHS' filing date and must include the reason for the extension and the revised filing date. Requests for filing extensions will be reviewed and adjudicated on an ad hoc basis.

EXHIBIT A - Crosswalk to Covered Services Guide

**Reporting Guide
Supplement**

EXHIBIT A CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

Updated 02/10/06

ADHS/DBHS

Allowable Procedure Codes effective 10/1/03*	Crosswalk to codes no longer in effect	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
114		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
116		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
124		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
126		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
134		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
136		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
154		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
156		Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
183		Inpatient Services	RTC	506 c1
189		Inpatient Services	RTC	506 c2
270		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
271		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
272		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
279		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
900		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
901		Medical Services	Electro-Convulsive Therapy	503d
902		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
903		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
904		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
911		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
914		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
915		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
916		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
917		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
918		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
919		Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
941		Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
944		Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
945		Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
949		Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
36415		Medical Services	Laboratory, Radiology and Medical Imaging	503c
70450		Medical Services	Laboratory, Radiology and Medical Imaging	503c
70460		Medical Services	Laboratory, Radiology and Medical Imaging	503c
70470		Medical Services	Laboratory, Radiology and Medical Imaging	503c
70551		Medical Services	Laboratory, Radiology and Medical Imaging	503c

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70552		Medical Services	Laboratory, Radiology and Medical Imaging	503c
70553		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80048		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80050		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80051		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80053		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80061		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80076		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80100		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80101		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80102		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80152		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80154		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80156		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80160		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80164		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80166		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80174		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80178		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80182		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80299		Medical Services	Laboratory, Radiology and Medical Imaging	503c
80420		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81000		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81001		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81002		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81003		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81005		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81025		Medical Services	Laboratory, Radiology and Medical Imaging	503c
81050		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82055		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82075		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82145		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82205		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82382		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82465		Medical Services	Laboratory, Radiology and Medical Imaging	503c

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82520		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82530		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82533		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82565		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82570		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82575		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82607		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82742		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82746		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82947		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82948		Medical Services	Laboratory, Radiology and Medical Imaging	503c
82977		Medical Services	Laboratory, Radiology and Medical Imaging	503c
83840		Medical Services	Laboratory, Radiology and Medical Imaging	503c
83925		Medical Services	Laboratory, Radiology and Medical Imaging	503c
83992		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84022		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84132		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84146		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84436		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84439		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84443		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84520		Medical Services	Laboratory, Radiology and Medical Imaging	503c
84703		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85007		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85008		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85009		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85013		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85014		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85018		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85025		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85027		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85048		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85651		Medical Services	Laboratory, Radiology and Medical Imaging	503c
85652		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86580		Medical Services	Laboratory, Radiology and Medical Imaging	503c

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86592		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86593		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86689		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86701		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86702		Medical Services	Laboratory, Radiology and Medical Imaging	503c
86703		Medical Services	Laboratory, Radiology and Medical Imaging	503c
87390		Medical Services	Laboratory, Radiology and Medical Imaging	503c
87391		Medical Services	Laboratory, Radiology and Medical Imaging	503c
90772		Medical Services	Medication Services	503a
90801		Treatment Services	Consultation, Assessment/Specialized Testing	501b
90802		Treatment Services	Consultation, Assessment/Specialized Testing	501b
90804		Treatment Services	Counseling, Individual	501 a1
90805		Medical Services	Medical Management	503b
90806		Treatment Services	Counseling, Individual	501 a1
90807		Medical Services	Medical Management	503b
90808		Treatment Services	Counseling, Individual	501 a1
90809		Medical Services	Medical Management	503b
90810		Treatment Services	Counseling, Individual	501 a1
90811		Medical Services	Medical Management	503b
90812		Treatment Services	Counseling, Individual	501 a1
90813		Medical Services	Medical Management	503b
90814		Treatment Services	Counseling, Individual	501 a1
90815		Medical Services	Medical Management	503b
90816		Inpatient Services	Inpatient Services, Professional	506d
90817		Inpatient Services	Inpatient Services, Professional	506d
90818		Inpatient Services	Inpatient Services, Professional	506d
90819		Inpatient Services	Inpatient Services, Professional	506d
90821		Inpatient Services	Inpatient Services, Professional	506d
90822		Inpatient Services	Inpatient Services, Professional	506d
90823		Inpatient Services	Inpatient Services, Professional	506d
90824		Inpatient Services	Inpatient Services, Professional	506d
90826		Inpatient Services	Inpatient Services, Professional	506d
90827		Inpatient Services	Inpatient Services, Professional	506d
90828		Inpatient Services	Inpatient Services, Professional	506d
90829		Inpatient Services	Inpatient Services, Professional	506d

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90845		Treatment Services	Counseling, Individual	501 a1
90846		Treatment Services	Counseling, Family	501 a2
90847		Treatment Services	Counseling, Family	501 a2
90849		Treatment Services	Counseling, Family	501 a2
90853		Treatment Services	Counseling, Group	501 a3
90857		Treatment Services	Counseling, Group	501 a3
90862		Medical Services	Medical Management	503b
90870		Medical Services	Electro-Convulsive Therapy	503d
90875		Treatment Services	Other Professional	501c
90876		Treatment Services	Other Professional	501c
90880		Treatment Services	Counseling, Individual	501 a1
90882		Support Services	Case Management	504a
90885		Treatment Services	Consultation, Assessment/Specialized Testing	501b
90887		Support Services	Case Management	504a
90889		Support Services	Case Management	504a
90899		Treatment Services	Other Professional	501c
90901		Treatment Services	Other Professional	501c
93000		Medical Services	Laboratory, Radiology and Medical Imaging	503c
93005		Medical Services	Laboratory, Radiology and Medical Imaging	503c
93010		Medical Services	Laboratory, Radiology and Medical Imaging	503c
93040		Medical Services	Laboratory, Radiology and Medical Imaging	503c
93041		Medical Services	Laboratory, Radiology and Medical Imaging	503c
93042		Medical Services	Laboratory, Radiology and Medical Imaging	503c
95819		Medical Services	Laboratory, Radiology and Medical Imaging	503c
96101		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96102		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96103		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96110		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96111		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96116		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96118		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96119		Treatment Services	Consultation, Assessment/Specialized Testing	501b
96120		Treatment Services	Consultation, Assessment/Specialized Testing	501b
97532		Rehabilitation Services	Cognitive Rehabilitation	502b
97780	S9000	Treatment Services	Other Professional	501c

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97781	S9000	Treatment Services	Other Professional	501c
97810		Treatment Services	Other Professional	501c
97811		Treatment Services	Other Professional	501c
97813		Treatment Services	Other Professional	501c
97814		Treatment Services	Other Professional	501c
99199		Treatment Services	Other Professional	501c
99201		Medical Services	Medical Management	503b
99202		Medical Services	Medical Management	503b
99203		Medical Services	Medical Management	503b
99204		Medical Services	Medical Management	503b
99205		Medical Services	Medical Management	503b
99211		Medical Services	Medical Management	503b
99212		Medical Services	Medical Management	503b
99213		Medical Services	Medical Management	503b
99214		Medical Services	Medical Management	503b
99215		Medical Services	Medical Management	503b
99217		Inpatient Services	Inpatient Services, Professional	506d
99218		Inpatient Services	Inpatient Services, Professional	506d
99219		Inpatient Services	Inpatient Services, Professional	506d
99220		Inpatient Services	Inpatient Services, Professional	506d
99221		Inpatient Services	Inpatient Services, Professional	506d
99222		Inpatient Services	Inpatient Services, Professional	506d
99223		Inpatient Services	Inpatient Services, Professional	506d
99231		Inpatient Services	Inpatient Services, Professional	506d
99232		Inpatient Services	Inpatient Services, Professional	506d
99233		Inpatient Services	Inpatient Services, Professional	506d
99234		Inpatient Services	Inpatient Services, Professional	506d
99235		Inpatient Services	Inpatient Services, Professional	506d
99236		Inpatient Services	Inpatient Services, Professional	506d
99238		Inpatient Services	Inpatient Services, Professional	506d
99239		Inpatient Services	Inpatient Services, Professional	506d
99241		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99242		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99243		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99244		Treatment Services	Consultation, Assessment/Specialized Testing	501b

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99245		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99251		Inpatient Services	Inpatient Services, Professional	506d
99252		Inpatient Services	Inpatient Services, Professional	506d
99253		Inpatient Services	Inpatient Services, Professional	506d
99254		Inpatient Services	Inpatient Services, Professional	506d
99255		Inpatient Services	Inpatient Services, Professional	506d
99271		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99272		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99273		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99274		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99275		Treatment Services	Consultation, Assessment/Specialized Testing	501b
99281		Crisis Intervention Services	Crisis Services	505b
99282		Crisis Intervention Services	Crisis Services	505b
99283		Crisis Intervention Services	Crisis Services	505b
99284		Crisis Intervention Services	Crisis Services	505b
99285		Crisis Intervention Services	Crisis Services	505b
99304		Medical Services	Medical Management	503b
99305		Medical Services	Medical Management	503b
99306		Medical Services	Medical Management	503b
99307		Medical Services	Medical Management	503b
99308		Medical Services	Medical Management	503b
99309		Medical Services	Medical Management	503b
99310		Medical Services	Medical Management	503b
99315		Medical Services	Medical Management	503b
99316		Medical Services	Medical Management	503b
99318		Medical Services	Medical Management	503b
99324		Medical Services	Medical Management	503b
99325		Medical Services	Medical Management	503b
99326		Medical Services	Medical Management	503b
99327		Medical Services	Medical Management	503b
99328		Medical Services	Medical Management	503b
99334		Medical Services	Medical Management	503b
99335		Medical Services	Medical Management	503b
99336		Medical Services	Medical Management	503b
99337		Medical Services	Medical Management	503b

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99341		Medical Services	Medical Management	503b
99342		Medical Services	Medical Management	503b
99343		Medical Services	Medical Management	503b
99344		Medical Services	Medical Management	503b
99345		Medical Services	Medical Management	503b
99347		Medical Services	Medical Management	503b
99348		Medical Services	Medical Management	503b
99349		Medical Services	Medical Management	503b
99350		Medical Services	Medical Management	503b
99354		Medical Services	Medical Management	503b
99355		Medical Services	Medical Management	503b
99356		Inpatient Services	Inpatient Services, Professional	506d
99357		Inpatient Services	Inpatient Services, Professional	506d
99358		Medical Services	Medical Management	503b
99359		Medical Services	Medical Management	503b
99361		Support Services	Case Management	504a
99362		Support Services	Case Management	504a
99371		Support Services	Case Management	504a
99372		Support Services	Case Management	504a
99373		Support Services	Case Management	504a
99499		Medical Services	Medical Management	503b
00104		Medical Services	Electro-Convulsive Therapy	503d
A0090	Z3610	Support Services	Transportation	504j
A0100		Support Services	Transportation	504j
A0110		Support Services	Transportation	504j
A0120	Z3621	Support Services	Transportation	504j
A0120 - TN	Z3648	Support Services	Transportation	504j
A0130		Support Services	Transportation	504j
A0130 - TN	Z3644	Support Services	Transportation	504j
A0140		Support Services	Transportation	504j
A0160		Support Services	Transportation	504j
A0170		Support Services	Transportation	504j
A0180		Support Services	Transportation	504j
A0190		Support Services	Transportation	504j
A0200		Support Services	Transportation	504j

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A0210		Support Services	Transportation	504j
A0382		Support Services	Transportation	504j
A0398		Support Services	Transportation	504j
A0420		Support Services	Transportation	504j
A0422		Support Services	Transportation	504j
A0425		Support Services	Transportation	504j
A0426		Support Services	Transportation	504j
A0427		Support Services	Transportation	504j
A0428		Support Services	Transportation	504j
A0429		Support Services	Transportation	504j
A0430		Support Services	Transportation	504j
A0431		Support Services	Transportation	504j
A0434		Support Services	Transportation	504j
A0435	Z3716	Support Services	Transportation	504j
A0436		Support Services	Transportation	504j
A0888	Z3655	Support Services	Transportation	504j
A0999	Z2999	Support Services	Transportation	504j
G0001		Medical Services	Laboratory, Radiology and Medical Imaging	503c
H0001		Treatment Services	Consultation, Assessment/Specialized Testing	501b
H0002	W4003	Treatment Services	Consultation, Assessment/Specialized Testing	501b
H0004	W2151	Treatment Services	Counseling, Individual	501 a1
H0004	W2300	Treatment Services	Counseling, Individual	501 a1
H0004 - HQ	W2351	Treatment Services	Counseling, Group	501 a3
H0004 - HR	W2152	Treatment Services	Counseling, Family	501 a2
H0004 - HS	W2350	Treatment Services	Counseling, Family	501 a2
H0018	W4051	Residential Services	Level II Beh. Health Residential Facilities	507a
H0018	Z3138	Residential Services	Short-term w/o room and board	507a
H0018	Z3139	Residential Services	Short-term w/o room and board	507a
H0019	W4052	Residential Services	Level III Beh. Health Residential Facilities	507b
H0020 - HG	W2102	Medical Services	Medication Services	503a
H0025	W4020	Rehabilitation Services	Health Promotion - Prevention/promotion educ.	502c
H0031	W4001	Treatment Services	Consultation, Assessment/Specialized Testing	501b
H0031	W4002	Treatment Services	Consultation, Assessment/Specialized Testing	501b
H0034	W4020	Rehabilitation Services	Health Promotion - Medication Training	502c
H0036	W4079	Behavioral Health Day Programs	Medical	508c

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H0036	W4082	Behavioral Health Day Programs	Medical	508c
H0036 - TF	W4080	Behavioral Health Day Programs	Medical	508c
H0036 - TF	W4083	Behavioral Health Day Programs	Medical	508c
H0037	W4081	Behavioral Health Day Programs	Medical	508c
H0037	W4084	Behavioral Health Day Programs	Medical	508c
H0038	W4047	Support Services	Peer Support	504d
H0038 - HQ	W4049	Support Services	Peer Support	504d
H0043	S2015	Support Services	Housing Support	504g
H0046	S6001	Treatment Services	Other Professional	501c
H0046 - SE	S2000	Residential Services	Room and Board	507c
H2010 - HG	W2101	Medical Services	Medication Services	503a
H2011	W4062	Crisis Intervention Services	Crisis Intervention - Mobile	505a
H2011 - HT	W4063	Crisis Intervention Services	Crisis Intervention - Mobile	505a
H2012	W4071	Behavioral Health Day Programs	Supervised	508a
H2014	W4006	Rehabilitation Services	Living Skills Training	502a
H2014 - HQ	W4015	Rehabilitation Services	Living Skills Training - Group/per person	502a
H2015	W4072	Behavioral Health Day Programs	Supervised	508a
H2016	W4048	Support Services	Peer Support	504d
H2017	W4016	Psychosocial Rehabilitation Services	Living Skills Training	502a
H2019	W4073	Behavioral Health Day Programs	Therapeutic	508b
H2019 - TF	W4074	Behavioral Health Day Programs	Therapeutic	508b
H2019 - TF	W4077	Behavioral Health Day Programs	Therapeutic	508b
H2020	W4075	Behavioral Health Day Programs	Therapeutic	508b
H2020	W4078	Behavioral Health Day Programs	Therapeutic	508b
H2025	W4031	Rehabilitation Services	Supported Employment Services - per 15 minutes	502d
H2026	W4031	Rehabilitation Services	Supported Employment Services - per diem	502d
H2027	W4030	Rehabilitation Services	Supported Employment Services	502d
J0515		Medical Services	Medication Services	503a
J1200		Medical Services	Medication Services	503a
J1630		Medical Services	Medication Services	503a
J1631		Medical Services	Medication Services	503a
J2680		Medical Services	Medication Services	503a
J2794		Medical Services	Medication Services	503a
J3410		Medical Services	Medication Services	503a
S0163		Medical Services	Medication Services	503a

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S0209	Z3723	Support Services	Transportation	504j
S0209 - TN	Z3645	Support Services	Transportation	504j
S0215	Z3620	Support Services	Transportation	504j
S0215	Z3724	Support Services	Transportation	504j
S0215 - TN	Z3643	Support Services	Transportation	504j
S2000		Residential Services	Room and Board	507c
S2015		Support Services	Housing Support	504g
S5110	W4046	Support Services	Family Support	504c
S5140	W4050	Support Services	Therapeutic Foster Care Service - Adult per diem	504e
S5145	W4050	Support Services	Therapeutic Foster Care Service - Child per diem	504e
S5150	Z3060	Support Services	Respite Care	504f
S5151	Z3070	Support Services	Respite Care	504f
S6000		Support Services	Flex Fund Services - Not medically necessary	504i
S6001		Treatment Services	Other Professional	501c
S7001		Support Services	Interpreter Services	504h
S9000		Treatment Services	Other Professional	501c
S9484	W4060	Crisis Intervention Services	Crisis Services	505b
S9485	W4061	Crisis Intervention Services	Crisis Services	505b
S9986	S6000	Support Services	Flex Fund Services - Not medically necessary	504i
S9986 - HW		Other ADHS Service Expense	Medicare Part D Premiums	511
T1002	W2100	Medical Services	Medical Management	503b
T1003	W2100	Medical Services	Medical Management	503b
T1013	S7001	Support Services	Sign Language or Oral Interpretive Service	504h
T1016 - HN	W4042	Support Services	Case Management - Office, add modifier if video	504a
T1016 - HN	W4043	Support Services	Case Management - Out of Office by BHT	504a
T1016 - HO	W4041	Support Services	Case Management - Out of Office	504a
T1016 - HO	W4040	Support Services	Case Management - Office	504a
T1019	W4044	Support Services	Personal Assistance	504b
T1019	Z3050	Support Services	Personal Assistance	504b
T1020	W4045	Support Services	Personal Assistance	504b
T2003	Z3715	Support Services	Transportation	504j
T2005	Z3721	Support Services	Transportation	504j
T2005 - TN	Z3646	Support Services	Transportation	504j
T2007	Z3717	Support Services	Transportation	504j
T2049		Support Services	Transportation	504j

ADHS/DBHS

Allowable Procedure Codes effective 10/1/03*	Crosswalk to codes no longer in effect	Service Categories	Service Sub Categories	Stmt of Activities Report Line No.
T2049		Support Services	Transportation	504j

*Revenue Code effective date for providers B5 and B6 is 1/01/05